

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF TEXAS

Case number (if known)

Chapter

7☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Adeptus Health LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 32-0432716

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

**220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039**

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Dallas

County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.adpt.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor **Adeptus Health LLC**
Name

Case number (if known)

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6214**8. Under which chapter of the Bankruptcy Code is the debtor filing?** Check one:

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. Check **all** that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☐ No.
- ☒ Yes.

If more than 2 cases, attach a separate list.

District	TXND	When	4/19/17	Case number	17-31435
District		When		Case number	

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☐ No
- ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor	See Attached Addendum	Relationship	
District		When	Case number, if known

Debtor **Adeptus Health LLC**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention? (Check all that apply.)**☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds**

Check one:

☐ Funds will be available for distribution to unsecured creditors.☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.**14. Estimated number of creditors**☐ 1-49☐ 50-99☒ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☒ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Adeptus Health LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 18, 2020**
MM / DD / YYYY**X /s/ Steven C. Bussey**
Signature of authorized representative of debtor

Title **Chief Executive Officer****Steven C. Bussey**
Printed name**18. Signature of attorney****X /s/ Louis R. Strubeck, Jr.**
Signature of attorney for debtorDate **December 18, 2020**
MM / DD / YYYY**Louis R. Strubeck, Jr.**
Printed name**Norton Rose Fulbright US LLP**
Firm name**2200 Ross Avenue
Suite 3600
Dallas, TX 75201-7932**
Number, Street, City, State & ZIP CodeContact phone **(214) 855-8000** Email address **louis.strubeck@nortonrosefulbright.com****19425600 TX**
Bar number and State

ADDENDUM TO PETITION

Pending Bankruptcy Cases Filed by the Debtor and Affiliates of the Debtor

On this date, each of the entities listed below, including the Debtor in this Chapter 7 case (collectively, the “Debtors”) filed a voluntary petition for relief under Chapter 7 of Title 11 of the United States Code in the United States Bankruptcy Court for the Northern District of Texas.

1. Adeptus Health LLC
2. ADPT-Houston RE Holdings LLC
3. FCER Management LLC
4. First Choice ER LLC
5. First Texas Hospital Carrollton LLC
6. First Texas Hospital Cy-Fair LLC
7. Lakewood Forest Medical Center LLC
8. National Medical Professionals of Arizona LLC
9. National Medical Professionals of Texas LLC
10. Potranco Medical Center LLC
11. SSH Medical Center LLC
12. Little Road Medical Center LLC
13. Briar Forest-Eldridge Medical Center LLC
14. Cedar Hill Medical Center LLC
15. Frisco Preston Medical Center LLC
16. Gleannloch Farms Medical Center LLC
17. Pearland Sunrise Medical Center LLC
18. Katy ER Center LLC
19. Sienna Plantation Medical Center LLC
20. Houston 9520 Jones Medical Center LLC
21. AJNH Medical Center LLC
22. Kuykendahl Medical Center LLC
23. Eagles Nest Medical Center LLC
24. Center Street DP Medical Center LLC
25. Rosenberg Medical Center LLC
26. Conroe Medical Center LLC
27. Highland Village Medical Center LLC
28. Frisco DNT Eldorado Medical Center LLC
29. Cinco Ranch Medical Center LLC
30. Northwest Harris County Medical Center LLC
31. Creekside Forest Medical Center LLC
32. Custer Bridges Medical Center LLC
33. WCB Medical Center LLC
34. Samuel Farm Medical Center LLC
35. FM Crossing Medical Center LLC
36. Garland Shiloh Medical Center LLC
37. Mansfield Walnut Creek Medical Center LLC

38. Little Elm FM 423 Medical Center LLC
39. North Dallas Tollway Medical Center LLC
40. Lewisville Medical Center LLC
41. San Antonio Nacogdoches Medical Center LLC
42. WC Medical Center LLC
43. Matlock Medical Center LLC
44. Summerwood Medical Center LLC
45. Haslet Medical Center LLC
46. McKinney 5000 El Dorado Medical Center LLC
47. Kingwood Medical Center LLC
48. Helotes Medical Center LLC
49. Desoto Beltline Medical Center LLC
50. Hickory Creek Medical Center LLC
51. Sterling Ridge Medical Center LLC
52. Friendswood Medical Center LLC
53. NRH Medical Center LLC
54. Lake Highlands Medical Center LLC
55. Medical Center of Spring Rayford Richards LLC
56. Mesquite Town East Medical Center LLC
57. ADPT-DFW RE Holdings LLC
58. National Medical Professionals of Greater Texas LLC
59. National Medical Professionals of Houston LLC
60. National Medical Professionals Specialists LLC
61. ECC Management LLC
62. OpFree RE Investments Ltd.

**RESOLUTIONS
OF THE
BOARD OF DIRECTORS
OF
ADPT HOLDINGS, LLC**

The undersigned, being all of the requisite members of the Board of Directors (the “Board”) of ADPT Holdings, LLC, a Delaware limited liability company (the “Company”), at a meeting held on November 18, 2020, do hereby consent to, authorize and adopt the following resolutions as of the date hereof:

WHEREAS, the Board has considered the financial and operational conditions of the Company’s, and its enterprise’s, business;

WHEREAS, the Board has reviewed the historical performance of the Company and affiliated entities, including those entities listed on Exhibit 1 here on (the “Adeptus Entities”) which entities comprise a portion of the Company’s business enterprise, the market for the Company’s and the Adeptus Entities’ services, and the current and long-term liabilities of the Company and the Adeptus Entities; and

WHEREAS, the Board has reviewed, considered, and received the recommendations of the senior management of the Company and the advice of the Company’s professionals and advisors with respect to potential avenues for relief that are available to the Board, including the possibility of pursuing a liquidation of the Company’s and the Adeptus Entities’, business and assets under Chapter 7 of Title 11 of the United States Code (the “Bankruptcy Code”).

NOW, THEREFORE BE IT RESOLVED, that in the business judgment of the Board after consideration of the alternatives presented to it and the recommendations of senior management of the Company and the advice of the Company’s professionals and advisors that, at this time under the relevant circumstances, it is desirable and in the best interests of the Company, its creditors, equity holders and other interested parties, and the Adeptus Entities, that voluntary petitions (“Petitions”) be filed by the Company and the Adeptus Entities under the provisions of Chapter 7 of the Bankruptcy Code;

FURTHER RESOLVED, that the Company’s petition seeking relief under the provisions of Chapter 7 of the Bankruptcy Code (the “Petition”) is approved in all respects, and that Steve Bussey, Chief Executive Officer of the Company (the “Authorized Person”) be, and hereby is, authorized and directed, on behalf of and in the name of the Company and the Adeptus Entities, to execute the Petitions or authorize the execution of a filing of the Petition and to cause the same to be filed with the United States Bankruptcy Court for the Northern District of Texas at such time as the Authorized Person deems appropriate;

FURTHER RESOLVED, that the Authorized Person, be, and hereby is, authorized to execute and file all petitions, schedules, lists and other papers and to take any and all actions which he may deem necessary or proper in connection with the prosecution of the Chapter 7 cases, and in that connection for the Authorized Person to retain and employ all assistance by legal counsel

or otherwise, which he may deem necessary or proper with a view to the successful prosecution of the Chapter 7 proceedings;

FURTHER RESOLVED, that the Authorized Person be, and hereby is, authorized and directed to retain on behalf of the Company the law firm of Norton Rose Fulbright US LLP, upon such terms and conditions as the Authorized Person shall approve, to render legal services to, and to represent, the Company and the Adeptus Entities in connection with the Chapter 7 proceeding;

FURTHER RESOLVED, that all acts lawfully done or actions lawfully taken by the Authorized Person to file the Petitions or in any other connection with the Chapter 7 proceedings, any related insolvency proceeding, or in any matter related thereto, or by virtue of these resolutions be, and hereby are, in all respects ratified, confirmed and approved;

FURTHER RESOLVED, that the Authorized Person be with full authority to act without the others, hereby is, authorized and directed, in the name of and on behalf of the Company and the Adeptus Entities to take or cause to be taken any and all such further action and to execute and deliver or cause to be executed or delivered all such further agreements, documents, certificates, and undertakings, and to incur all such fees and expenses as in their judgment shall be necessary, appropriate, or advisable to effectuate the purpose and intent of any and all of the foregoing resolutions; and

FURTHER RESOLVED, that to the extent the Authorized Person, in consultation with counsel for the Company, determines that any of the Company's and the Adeptus Entities' related entities needs to file a Chapter 7 proceeding, the Board has authorized such filing, provided such decision is approved of by the Authorized Person.

[Signature Page follows.]

IN WITNESS WHEREOF, the undersigned have executed these Resolutions as of the date first written above.

DIRECTORS:

Adam E Grossman

Adam Grossman

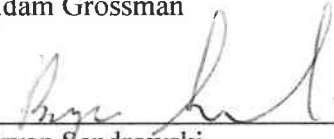
Bryan Sendrowski

LeAnne Zumwalt

IN WITNESS WHEREOF, the undersigned have executed these Resolutions as of the date first written above.

DIRECTORS:

Adam Grossman



Bryan Sendrowski

LeAnne Zumwalt

IN WITNESS WHEREOF, the undersigned have executed these Resolutions as of the date first written above.

DIRECTORS:

Adam Grossman

Bryan Sendrowski



LeAnne Zumwalt

Exhibit 1

Potential Chapter 7 Debtors

Entity	Brief Reason for Filing
1. Adeptus Health LLC	Litigation defendant.
2. ADPT-Houston RE Holdings LLC	Litigation defendant.
3. FCER Management, LLC	Litigation defendant.
4. First Choice ER, LLC	Litigation defendant.
5. First Texas Hospital Carrollton LLC	Litigation defendant.
6. First Texas Hospital Cyfair, LLC	Litigation defendant.
7. Lakewood Forest Medical Center, LLC	Litigation defendant.
8. National Medical Professionals of Arizona, LLC	Litigation plaintiff.
9. National Medical Professionals of Texas LLC	Litigation defendant.
10. Potranco Medical Center LLC	Litigation defendant and equipment lessee.
11. SSH Medical Center LLC	Litigation defendant.
12. Little Road Medical Center LLC	Real estate and equipment lessee.
13. Briar Forest-Eldridge Medical Center LLC	Equipment lessee.
14. Cedar Hill Medical Center LLC	Equipment lessee.
15. Frisco Preston Medical Center LLC	Equipment lessee.
16. Gleannloch Farms Medical Center LLC	Equipment lessee.
17. Pearland Sunrise Medical Center LLC	Real estate and equipment lessee.
18. Katy ER Center LLC	Equipment lessee.
19. Sienna Plantation Medical Center LLC	Equipment lessee.
20. Houston 9520 Jones Medical Center LLC	Real estate and equipment lessee.
21. AJNH Medical Center LLC	Equipment lessee.
22. Kuykendahl Medical Center LLC	Equipment lessee.
23. Eagles Nest Medical Center LLC	Equipment lessee.
24. Center Street DP Medical Center LLC	Equipment lessee.

25. Rosenberg Medical Center LLC	Equipment lessee.
26. Conroe Medical Center LLC	Equipment lessee.
27. Highland Village Medical Center LLC	Equipment lessee.
28. Frisco DNT Eldorado Medical Center LLC	Equipment lessee.
29. Cinco Ranch Medical Center LLC	Equipment lessee.
30. Northwest Harris County Medical Center LLC	Real estate and equipment lessee.
31. Creekside Forest Medical Center LLC	Equipment lessee.
32. Custer Bridges Medical Center LLC	Equipment lessee.
33. WCB Medical Center LLC	Real estate and equipment lessee.
34. Samuel Farm Medical Center LLC	Real estate and equipment lessee.
35. FM Crossing Medical Center LLC	Equipment lessee.
36. Garland Shiloh Medical Center LLC	Equipment lessee.
37. Mansfield Walnut Creek Medical Center LLC	Real estate and equipment lessee.
38. Little Elm FM 423 Medical Center LLC	Equipment lessee.
39. North Dallas Tollway Medical Center LLC	Real estate and equipment lessee.
40. Lewisville Medical Center LLC	Equipment lessee.
41. San Antonio Nacogdoches Medical Center LLC	Equipment lessee.
42. WC Medical Center LLC	Equipment lessee.
43. Matlock Medical Center LLC	Real estate and equipment lessee.
44. Summerwood Medical Center LLC	Equipment lessee.
45. Haslet Medical Center LLC	Equipment lessee.
46. McKinney 5000 El Dorado Medical Center LLC	Equipment lessee.
47. Kingwood Medical Center LLC	Equipment lessee.
48. Helotes Medical Center LLC	Equipment lessee.
49. First Texas Hospital CY-Fair LLC	Equipment lessee.

50. Desoto Beltline Medical Center LLC	Equipment lessee.
51. Hickory Creek Medical Center LLC	Real estate lessee and equipment lessee.
52. Sterling Ridge Medical Center, LLC	Real estate lessee.
53. Friendswood Medical Center LLC	Real estate lessee.
54. NRH Medical Center LLC	Real estate lessee and litigation defendant.
55. Lake Highlands Medical Center LLC	Real estate lessee and litigation defendant
56. Medical Center of Spring Rayford Richards, LLC	Real estate lessee.
57. Mesquite Town East Medical Center LLC	Real estate lessee.
58. ADPT-DFW RE Holdings LLC	Real estate lessee and litigation defendant.
59. National Medical Professionals of Greater Texas, LLC	Potential litigation defendant
60. National Medical Professionals of Houston LLC	Potential litigation defendant
61. National Medical Professionals Specialists LLC	Potential litigation defendant

Fill in this information to identify the case:Debtor name Adeptus Health LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 18, 2020**X /s/ Steven C. Bussey**

Signature of individual signing on behalf of debtor

Steven C. Bussey

Printed name

Chief Executive Officer

Position or relationship to debtor

**GLOBAL NOTES REGARDING SCHEDULES OF ASSETS AND LIABILITIES AND
STATEMENT OF FINANCIAL AFFAIRS**

I, Steven C. Bussey, Chief Executive Officer of ADPT Holdings, LLC, hereby state as follows:

1. These Global Notes regarding the Debtor's Schedules of Assets and Liabilities (the "Schedules") and Statement of Financial Affairs (the "SOFAs" and, collectively, the "Global Notes") pertain to, are incorporated by reference in, and comprise an integral part of all of the Debtor's Schedules and SOFAs. The Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules and SOFAs.

2. Although I was not primarily responsible for preparing and maintaining the financial and business records of the Debtor, those documents were prepared and maintained by other representatives of the Debtor, under my general supervision, in the ordinary course of the Debtor's business.

3. I do not have personal knowledge of all of the information that is set forth in the Debtor's Schedules and SOFAs; however, other representatives of the Debtor who do have such personal knowledge, have, under my general supervision, compiled and provided such information based on information that is contained in the Debtor's books and records.

4. I note that the information contained in the Debtor's Schedules and SOFAs (a) has not been audited, (b) was not necessarily prepared in accordance with Generally Accepted Accounting Procedures, and (c) is based on "book value" and therefore do not necessarily reflect the amount that would be received upon the disposition of the Debtor's assets.

5. Finally, because disclosure of patient information is especially sensitive and confidential, and would violate the Health Insurance Portability and Accountability Act of 1996,

such information has not been included in the Debtor's Schedules and SOFAs, but will be made available to the chapter 7 trustee.

Dated: December 18, 2020

/s/ Steven C. Bussey
Steven C. Bussey

END OF GLOBAL NOTES

Fill in this information to identify the case:Debtor name Adeptus Health LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property:	
Copy line 88 from <i>Schedule A/B</i>	\$ <u>1,111,000.00</u>
1b. Total personal property:	
Copy line 91A from <i>Schedule A/B</i>	\$ <u>5,688,108.12</u>
1c. Total of all property:	
Copy line 92 from <i>Schedule A/B</i>	\$ <u>6,799,108.12</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>209,907,568.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims:	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>0.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims:	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>68,293,777.46</u>
4. Total liabilities	
Lines 2 + 3a + 3b	\$ <u>278,201,345.46</u>

Fill in this information to identify the case:Debtor name Adeptus Health LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Bank of AmericaChecking0174\$25,000.003.2. Bank of AmericaDeposit Account8001\$25,000.003.3. Bank of AmericaChecking1253\$325,000.003.4. Bank of AmericaChecking7964\$1,000.003.5. Bank of AmericaChecking9143\$1,000.003.6. Bank of AmericaChecking8953\$1,000.003.7. Bank of America, NAChecking7384\$0.00

Debtor **Adeptus Health LLC**
Name

Case number (If known) _____

4. **Other cash equivalents (Identify all)**5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$378,000.00**Part 2: Deposits and Prepayments**6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. **Bank of America****\$92,445.51**7.2. **Bank of America****\$948,918.61**7.3. **Silicon Valley Bank****\$0.00**8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$1,041,364.12**Part 3: Accounts receivable**10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old:	<u>2,314,748.00</u>	-	<u>0.00</u> =....	<u>\$2,314,748.00</u>
	face amount		doubtful or uncollectible accounts	

11b. Over 90 days old:	<u>353,996.00</u>	-	<u>0.00</u> =....	<u>\$353,996.00</u>
	face amount		doubtful or uncollectible accounts	

11b. Over 90 days old:	<u>1,600,000.00</u>	-	<u>0.00</u> =....	<u>\$1,600,000.00</u>
	face amount		doubtful or uncollectible accounts	

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$4,268,744.00**Part 4: Investments**

Debtor **Adeptus Health LLC**
Name

Case number (If known) _____

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software 26 U-desks; 17 Desks; 17 Large hutch; 1 X-large hutch; 14 Small wood lateral file 2 drawer; 1 Small metal lateral file 2 drawer; 7 Small Round conference table; 1 Medium conference table; 104 Desk chairs; 41 Side chairs; 2 One seat lounge w/ottoman; 4 Stackable chairs; 5 Lateral file cabinet 4 drawer; 2 Lateral file cabinet 5 drawer; 1 Executive board conference table; 2 bookcases; 22 Laptops; 24 Monitors; 6 Printers; 2 MiFi; 1 iPad; 8 Docking Stations	Unknown		Unknown

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No

Debtor **Adeptus Health LLC**
Name

Case number (If known) _____

☐ Yes**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48. Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
SCG Capital Corporation -Miscellaneous Leased Medical Equipment - Master Lease Agreement dated 1/11/2013	\$0.00	N/A	\$0.00
GE HFS, LLC-Miscellaneous Leased Medical Equipment - Master Lease Agreement dated 1/11/2013	\$0.00	N/A	\$0.00
CIT Finance LLC-Miscellaneous Leased Medical Equipment - Master Lease Agreement dated 1/11/2013; Omnibus Amendment to Leases 11/14/17	\$0.00	N/A	\$0.00
Huntington Technology Finance, Inc.-Miscellaneous Leased Medical Equipment - Master Lease Agreement dated 1/11/2013	\$0.00	N/A	\$0.00
Wells Fargo Equipment Finance, Inc.-Miscellaneous Leased Medical Equipment - Master Lease Agreement dated 1/11/2013	\$0.00	N/A	\$0.00
Mitsubishi UFJ Lease & Finance (U.S.A.) Inc.-Miscellaneous Leased Medical Equipment - Master Lease Agreement dated 1/11/2013 with SCG Capital Corp. collaterally assigned to Mitsubishi UFJ Lease & Finance (USA) Inc.	\$0.00	N/A	\$0.00
Key Equipment Finance-Miscellaneous Leased Medical Equipment - Master Lease Agreement dated 1/11/2013	\$0.00	N/A	\$0.00
De Lage Landen Financial Services, Inc.-Miscellaneous Leased Medical Equipment	\$0.00	N/A	\$0.00

Debtor **Adeptus Health LLC**
Name

Case number (If known) _____

**Olympus America, Inc.-Miscellaneous Leased
Medical Equipment - Master Lease Agreement
No. 0016700 dated September 8, 2016****\$0.00 N/A****\$0.00****Hitachi Capital America Corp. f/k/a
Creekdridge Capital LLC-Miscellaneous
Leased Medical Equipment - Corporate Master
Agreement #205306CMA-01 dated 10/23/14
(Omnicell)****\$0.00 N/A****\$0.00****U.S. Bank, N.A. d/b/a U.S. Bank Equipment
Finance-Miscellaneous Leased Medical
Equipment****\$0.00 N/A****\$0.00****Capital Asset Resources-Miscellaneous
Leased Medical Equipment - Equipment Lease
Agreement No. 96442****\$0.00 N/A****\$0.00****Happy State Bank & Trust Co. f/k/a/ Centennial
Bank-Miscellaneous Leased Medical
Equipment - Equipment Lease Agreement No.
1006521 (Capital Asset Resources)****\$0.00 N/A****\$0.00****First National Bank of Wichita
Falls-Miscellaneous Leased Medical
Equipment - Equipment Lease Agreement No.
65428 (Capital Asset Resources)****\$0.00 N/A****\$0.00****K&E Limited Partnership-Medical Facility
Building - 8020 Matlock Rd. Arlington, TX
76002****\$0.00 N/A****\$0.00**51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$0.0052. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real property**54. **Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes Fill in the information below.55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of
property**

Include street address or other

**Nature and
extent of
debtor's interest****Net book value of
debtor's interest
(Where available)****Valuation method used
for current value****Current value of
debtor's interest**

Debtor **Adeptus Health LLC** Case number (if known) _____

Name

description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

in property

55.1. **2710 Western Center Boulevard Fort Worth, Texas 76131-1337 Lot 1R2, Block 1, WESTERN CENTER ADDITION to the City of Fort Worth, Tarrant County, Texas, according to plat recorded in Cabinet A, Slide 12025, Plat Records of Tarrant County, Texas.**

Fee simple

\$2,643,000.00

Final LOI Offer

\$1,111,000.00

55.2. **HKM California Properties LLC-Medical Facility Building - 10815 Kuykendahl Rd The Woodlands, TX 77382**

Leased property; vacated

\$0.00

N/A

\$0.00

55.3. **CJC 18-2 LLC / MTL Jamie LLC / MTL Jennifer LLC-Medical Facility Building - 225 E. Parkwood Avenue Friendswood, TX 77546-5145**

Leased property; vacated

\$0.00

N/A

\$0.00

55.4. **28606 Northwest Freeway Cypress TX, LLC-Medical Facility Building - 28606 Northwest Freeway Cypress, TX 77433**

Leased property; vacated

\$0.00

N/A

\$0.00

55.5. **SAHM Properties Woodland Hills LLC-Medical Facility Building - 3016 Marina Bay Drive League City, TX 77573**

Leased property; vacated

\$0.00

N/A

\$0.00

55.6. **HSM CROSSING LLC-Medical Facility Building - 6035 Precinct Line Rd North Richland Hills, TX 76180-5410**

Leased property; vacated

\$0.00

N/A

\$0.00

Debtor **Adeptus Health LLC**
Name

Case number (If known) _____

55.7.	CCMR 18 LLC, RLC JENNA 18 LLC, & RLC JUSTIN 18 LLC-Medical Facility Building - 10705 E. Northwest Hwy Dallas, TX 75238	Leased property; vacated	\$0.00	N/A	\$0.00
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55.8.	Rebound Retail LLC-Medical Facility Building - 2752 Sunrise Blvd Pearland, TX 77584	Leased property; vacated	\$0.00	N/A	\$0.00
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55.9.	PASATIEMPO APARTMENTS-Medic al Facility Building - 9530 Jones Road Houston, TX 77065	Leased property; vacated	\$0.00	N/A	\$0.00
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55.10	Parma Mandalay Tower, LLC-Office Building - 220 East Las Colinas Boulevard, Suite 1000 Irving, TX 75039	Leased property; vacated	\$0.00	N/A	\$0.00
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56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$1,111,000.00**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor **Adeptus Health LLC**
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$378,000.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$1,041,364.12	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$4,268,744.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$1,111,000.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$5,688,108.12	+ 91b. \$1,111,000.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$6,799,108.12

Fill in this information to identify the case:Debtor name **Adeptus Health LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	Deerfield Partners L.P. Creditor's Name Attn Deerfield Private Design Fund IV LP 780 Third Avenue 37th Floor New York, NY 10017 Creditor's mailing address dclark@deerfield.com Creditor's email address, if known Date debt was incurred 10/03/2017 Last 4 digits of account number N/A Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All assets of Debtor Describe the lien Non-Purchase Money Security Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$209,907,568.00 \$6,799,108.12

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$209,907,568.00**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Katten Muchin Rosenman LLP
ATTN: Mark D. Wood
ATTN: Kristopher J. Ring
525 West Monroe Street
Chicago, IL 60661-3693Line **2.1**

Fill in this information to identify the case:Debtor name Adeptus Health LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address 28606 Northwest Freeway Cypress TX, LLC ATTN: E-WEI TAO 6360 98th St., Unit F7 Rego Park, NY 11374 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Cypress-Fairfield Real Estate Lease</u> <u>28606 Northwest Freeway</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,955,303.28
3.2	Nonpriority creditor's name and mailing address ABBOTT LABORATORIES INC 100 ABBOT PARK RD ABBOTT PARK, IL 60064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lab Equipment Repairs & Maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,495.00
3.3	Nonpriority creditor's name and mailing address ABBOTT POINT OF CARE INC 100 ABBOTT PARK ROAD ABBOTT PARK, IL 60064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lab Equipment Repairs and Maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,247.50
3.4	Nonpriority creditor's name and mailing address AGARWAL, NEAL 11318 Williamsburg Drive Houston, TX 77024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Physician Compensation - Houston</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,640.00

Debtor	Name		Case number (if known)
	Adeptus Health LLC		
3.5	Nonpriority creditor's name and mailing address ALSCO INC 1340 East Berry St Fort Worth, TX 76119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Linen Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59,121.13
3.6	Nonpriority creditor's name and mailing address Ameriland Enterprises LLC ATTN: Tam Nguyen 9021 W. LITTLE YORK RD Houston, TX 77040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Katy - Mason Rd. Real Estate Lease</u> <u>1510 S. Mason Road</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$166,629.32
3.7	Nonpriority creditor's name and mailing address AT&T PO BOX 105068 Atlanta, GA 30348-5068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITY - Communications</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,183.77
3.8	Nonpriority creditor's name and mailing address BOWERS, ARANYANEE 12228 S. Shadow Cove Drive Houston, TX 77082 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Physician Compensation - Houston</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,720.00
3.9	Nonpriority creditor's name and mailing address BRIDGEPOSE DIGITAL LLC 3341 REGENT BLVD STE 130-292 IRVING, TX 75063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Online and Digital Marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,295.00
3.10	Nonpriority creditor's name and mailing address BUXTON COMPANY 2651 S POLARIS DR FORT WORTH, TX 76137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Research Database Analytics Solution</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,750.00
3.11	Nonpriority creditor's name and mailing address CALDERON, DARRELL 4402 Mountwood Street Houston, TX 77018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Physician Compensation - Houston</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,400.00

Debtor Adeptus Health LLC Name		Case number (if known)	
3.12	Nonpriority creditor's name and mailing address Capital Asset Resources ATTN: Sparkle Valencia 516 Silicon Drive Southlake, TX 76092 Date(s) debt was incurred _____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment Lease Agreement No. 96442</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,560.95
3.13	Nonpriority creditor's name and mailing address CAREFUSION 303 INC CAREFUSION SOLUTIONS 25082 NETWORK PLACE Chicago, IL 60673-1250 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,460.50
3.14	Nonpriority creditor's name and mailing address Cascade Capital, LLC 1670 Corporate Circle Suite 202 Petaluma, CA 94954 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Receivables management</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,956.29
3.15	Nonpriority creditor's name and mailing address CCMR 18 LLC, RLC JENNA 18 LLC, & RLC JUS Attn: Barry J. Haskell 362 Kingsland Avenue Brooklyn, NY 11222 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lake Highlands Real Estate Lease 10705 E. Northwest Hwy</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,206,087.57
3.16	Nonpriority creditor's name and mailing address CH INTERMEDIATE HOLDINGS LLC COREPOINT 100 HIGH STREET SUITE 1560 BOSTON, MA 02110 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT - software</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,685.62
3.17	Nonpriority creditor's name and mailing address CHIEN, LAWRENCE 6708 Glenhurst Drive Dallas, TX 75254 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Physician Compensation - DFW</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77,280.00
3.18	Nonpriority creditor's name and mailing address CIT Finance LLC Attn: Brad Stevens 10201 Centurion Parkway N. Jacksonville, FL 32256 Date(s) debt was incurred <u>1/11/2013; 11/14/17</u> Last 4 digits of account number <u>0000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013; Omnibus Amendment to Leases 11/14/17</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Adeptus Health LLC Name	Case number (if known)
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3.19	Nonpriority creditor's name and mailing address CIT Finance LLC ATTN: Brad Stevens 10201 Centurion Parkway N. Jacksonville, FL 32256 Date(s) debt was incurred <u>1/11/2013; 11/14/2017</u> Last 4 digits of account number <u>0000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$82,353.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013; Omnibus Amendment to Leases 11/14/17</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.20	Nonpriority creditor's name and mailing address CIT Finance LLC ATTN: Brad Stevens 10201 Centurion Parkway N. Jacksonville, FL 32256 Date(s) debt was incurred <u>1/11/2013; 11/14/2017</u> Last 4 digits of account number <u>5000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$59,451.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013; Omnibus Amendment to Leases 11/14/17</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.21	Nonpriority creditor's name and mailing address CIT Finance LLC ATTN: Brad Stevens 10201 Centurion Parkway N. Jacksonville, FL 32256 Date(s) debt was incurred <u>1/11/2013; 11/14/2017</u> Last 4 digits of account number <u>1000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,969.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013; Omnibus Amendment to Leases 11/14/17</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.22	Nonpriority creditor's name and mailing address CIT Finance LLC ATTN: Brad Stevens 10201 Centurion Parkway N. Jacksonville, FL 32256 Date(s) debt was incurred <u>1/11/2013; 11/14/2017</u> Last 4 digits of account number <u>0002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$62,819.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013; Omnibus Amendment to Leases 11/14/17</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.23	Nonpriority creditor's name and mailing address CIT Finance LLC ATTN: Brad Stevens 10201 Centurion Parkway N. Jacksonville, FL 32256 Date(s) debt was incurred <u>1/11/2013; 11/14/2017</u> Last 4 digits of account number <u>9001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$48,637.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013; Omnibus Amendment to Leases 11/14/17</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.24	Nonpriority creditor's name and mailing address CIT Finance LLC ATTN: Brad Stevens 10201 Centurion Parkway N. Jacksonville, FL 32256 Date(s) debt was incurred <u>1/11/2013; 11/14/2017</u> Last 4 digits of account number <u>8002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,486.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013; Omnibus Amendment to Leases 11/14/17</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Name	Case number (if known)
Adeptus Health LLC	
3.25 Nonpriority creditor's name and mailing address CIT Finance LLC ATTN: Brad Stevens 10201 Centurion Parkway N. Jacksonville, FL 32256 Date(s) debt was incurred <u>1/11/2013; 11/14/2017</u> Last 4 digits of account number <u>0000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013; Omnibus Amendment to Leases 11/14/17</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26 Nonpriority creditor's name and mailing address CITY OF PEARLAND PO BOX 2068 PEARLAND, TX 77588 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,458.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITY-Water</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27 Nonpriority creditor's name and mailing address CJC 18-2 LLC / MTL Jamie LLC MTL Jennifer LLC; Attn: Barry J. Haskell 362 Kingsland Avenue Brooklyn, NY 11222 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,814,689.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Friendswood (FSED) Real Estate Lease 225 E. Parkwood Avenue</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28 Nonpriority creditor's name and mailing address CLARIVATE ANALYTICS (COMPUMARK) INC 30 THOMSON PLACE BOSTON, MA 02210 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,373.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29 Nonpriority creditor's name and mailing address CLEAR CREEK ISD TAX OFFICE PO BOX 799 League City, TX 77574 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,105.22 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Tax</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30 Nonpriority creditor's name and mailing address COMCAST P.O. BOX 37601 Philadelphia, PA 19101-0601 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$48,193.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITY - Communications</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31 Nonpriority creditor's name and mailing address COMPUTER PROGRAMS AND SYSTEMS INC TRUBRIDGE LLC / EVIDENT LLC 6600 WALL ST Mobile, AL 36695 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$64,418.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Billing/EHR/RCM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Adeptus Health LLC Name	Case number (if known)
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3.32	Nonpriority creditor's name and mailing address CORIN USA LTD 12750 Citrus Park Lane Suite 120 Tampa, FL 33625 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,500.00</u>
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3.33	Nonpriority creditor's name and mailing address CRESA GLOBAL INC 150 N UPPER WAKER DRIVE SUITE 2900 CHIGACO, IL 60606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES - Software</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,716.00</u>
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3.34	Nonpriority creditor's name and mailing address Cypress Village, Cypress TX, LLC C/O US Property Trust; ATTN: Matt Kaiser 10250 Constellation Blvd. Suite 2850 Los Angeles, CA 90067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Cypress - Grant Rd. Real Estate Lease</u> <u>13105 Louetta Rd</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$616,984.25</u>
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3.35	Nonpriority creditor's name and mailing address CYPRESS-FAIRBANKS ISD 10494 JONES RD. SUITE 106 Houston, TX 77065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TAX</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$44,142.43</u>
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3.36	Nonpriority creditor's name and mailing address DALLAS COUNTY HOSPITAL DISTRICT d/b/a Parkland Health and Hospital Sys 5201 Harry Hines Blvd Dallas, TX 75235 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Payment to Dallas County Hospital District Local</u> <u>Provider Participation Fund ("LPPF") for FY2019</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,743,952.43</u>
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3.37	Nonpriority creditor's name and mailing address DALLAS COUNTY TAX OFFICE JOHN R. AMES, CTA PO BOX 139066 Dallas, TX 75313-9066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TAX</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$32,392.05</u>
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3.38	Nonpriority creditor's name and mailing address De Lage Landen Financial Services, Inc. Attn: Alan I. Cohen 1111 Old Eagle School Road Wayne, PA 19087 Date(s) debt was incurred <u>9/7/2016</u> Last 4 digits of account number <u>9921</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Short Form Lease Agreement No. 0110009494 dated</u> <u>September 7, 2016 (Stryker Flex Financial)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$25,191.88</u>
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.39	Nonpriority creditor's name and mailing address De Lage Landen Financial Services, Inc. 1111 Old Eagle School Road ATTN: Alan I. Cohen Wayne, PA 19087 Date(s) debt was incurred <u>9/7/2016</u> Last 4 digits of account number <u>9989</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,206.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Short Form Lease Agreement No. 0110010420 dated September 7, 2016 (Stryker Flex Financial)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.40	Nonpriority creditor's name and mailing address De Lage Landen Financial Services, Inc. 1111 Old Eagle School Road ATTN: Alan I. Cohen Wayne, PA 19087 Date(s) debt was incurred <u>1/17/2016</u> Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$27,614.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease Agreement No. 100-10121359 dated January 17, 2016</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.41	Nonpriority creditor's name and mailing address DENTON CNTY TAX ASSESSOR PO BOX 90223 Denton, TX 76202 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$41,202.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TAX</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.42	Nonpriority creditor's name and mailing address DINER, BARRY 4407 Meyerwood Drive Houston, TX 77096 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$149,760.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Physician Compensation - Houston</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.43	Nonpriority creditor's name and mailing address DIRECTV Buiness Service Center P.O. Box 410347 Charlotte, NC 28241 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,243.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITY - Cable/Satellite</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.44	Nonpriority creditor's name and mailing address ER EXPRESS, LLC 5665 NEW NORTHSIDE DRIVE SUITE 540 Atlanta, GA 30328 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$14,326.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Patient Experience Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.45	Nonpriority creditor's name and mailing address ETHICON INC C/O JOHNSON & JOHNSON PO BOX 406663 ATLANTA, GA 30384 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,165.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.46	Nonpriority creditor's name and mailing address First National Bank of Wichita Falls P.O. Box 94905 ATTN: Stephen Farmer Wichita Falls, TX 76308 Date(s) debt was incurred ____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,421.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment Lease Agreement No. 65706 (Capital Asset Resources)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.47	Nonpriority creditor's name and mailing address First National Bank of Wichita Falls P.O. Box 94905 ATTN: Stephen Farmer Wichita Falls, TX 76308 Date(s) debt was incurred ____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$24,520.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment Lease Agreement No. 65232 (Capital Asset Resources)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.48	Nonpriority creditor's name and mailing address First National Bank Wichita Falls Attn: Stephen Farmer P.O. Box 94905 Wichita Falls, TX 76308 Date(s) debt was incurred ____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$72,547.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment Lease Agreement No. 65428 (Capital Asset Resources)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.49	Nonpriority creditor's name and mailing address First Prairie LLC Attn: Jason Keen 1211 S. White Chapel Blvd. Southlake, TX 76092 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$144,138.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Grand Prairie – Carrier Pkwy Real Estate Lease 901 W. Jefferson St</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.50	Nonpriority creditor's name and mailing address FIUSA TEXAS LLC C/o Holland & Knight LLP 701 Brickell Avenue, Suite 3300 Miami, FL 33131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,876,014.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Spring Rayford Real Estate Lease 621 Rayford Road</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.51	Nonpriority creditor's name and mailing address FM2181-IH 35 LOT 3 LTD c/o Weitzman; ATTN: Matt Luedtke 3102 MAPLE AVENUE, SUITE 500 Dallas, TX 75201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$930,300.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corinth Real Estate Lease 4600 FM 2181, Hickory Creek</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.52	Nonpriority creditor's name and mailing address FRIENDSWOOD ISD & GCCDD Tax-Assessor Collector P. O. Box 31 Friendswood, TX 77549 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,525.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Tax</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC <small>Name</small>	Case number (if known) _____
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3.53	Nonpriority creditor's name and mailing address FSED TEXAS LAKEVIEW PARKWAY LLC C/O Deerfield Management; Attn: Bryan S. 780 Third Avenue, 37th floor New York, NY 10017 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$70,856.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rowlett - Real Estate lease - 3301 Lakeview Parkway</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.54	Nonpriority creditor's name and mailing address GALVESTON COUNTY TAX OFFICE Tax Assessor Collector 722 MOODY Galveston, TX 77550 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$28,560.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TAX</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.55	Nonpriority creditor's name and mailing address GE HFS, LLC Attn: Richard D. Straka 9900 Innovation Drive, RP-2100 Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>6001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30,653.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.56	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>5001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,942.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.57	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>7001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,123.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.58	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>8001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,457.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.59	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>2001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,829.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.60	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$62,175.16 <div style="margin-top: 10px;"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.61	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,523.60 <div style="margin-top: 10px;"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.62	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40,580.08 <div style="margin-top: 10px;"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.63	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>7001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,007.52 <div style="margin-top: 10px;"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.64	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>3002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,450.92 <div style="margin-top: 10px;"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.65	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>7001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$31,605.68 <div style="margin-top: 10px;"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.66	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>6001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,846.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.67	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>6001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$64,516.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.68	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>6001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$64,600.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.69	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>7002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,443.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.70	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>9001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$44,355.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.71	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>4001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,614.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.72	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>5001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$31,398.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.73	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>6001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$44,699.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.74	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>7001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40,323.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.75	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>9001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$23,704.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.76	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>7002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$23,291.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.77	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>6002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,537.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.78	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,527.59 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.79	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>7001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,720.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.80	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>4001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,026.29 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.81	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>9001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$793.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.82	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>7001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,528.97 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.83	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>6001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$644.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.84	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>2001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,514.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.85	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>3001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$265.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.86	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>7002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,689.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.87	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,854.71 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.88	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,242.83 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.89	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>3001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$862.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.90	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>5001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,376.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.91	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,004.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.92	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>7002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$513.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.93	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>8002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$249.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.94	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>7002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$725.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.95	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>2002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,459.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.96	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred _____ Last 4 digits of account number 6002	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$631.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> 1/11/2013 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.97	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number 8001	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,343.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.98	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number 7001	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,494.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.99	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number 4001	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,916.43 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.100	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number 8001	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,699.87 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.101	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number 2001	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,744.31 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.102	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,704.31
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3.103	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,154.76
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3.104	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>8001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,604.08
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3.105	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>7001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,883.35
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3.106	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>8001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$955.32
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3.107	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>8001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,150.07
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.108	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>4002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,450.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.109	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>3002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,375.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.110	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>7002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$777.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.111	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,511.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.112	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>6001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,403.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.113	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>8001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,974.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.114	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>4001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,999.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.115	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22,890.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.116	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>8001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,431.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.117	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>9001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,910.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.118	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>9001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,154.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.119	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>5001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$48,412.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.120	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>9001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$60,656.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.121	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>3001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$56,583.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.122	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>6001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$24,552.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.123	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>2001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,990.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.124	Nonpriority creditor's name and mailing address GE HFS, LLC 9900 Innovation Drive RP-2100 ATTN: Richard D. Straka Wauwatosa, WI 53226 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,990.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.125	Nonpriority creditor's name and mailing address GRANDE COMMUNICATIONS PO BOX 679367 Dallas, TX 75267-9367 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,745.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITY - Communications</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor Adeptus Health LLC Name		Case number (if known)	
3.126	Nonpriority creditor's name and mailing address Happy State Bank & Trust Co. f/k/a/ Centennial Bank; Attn: S. Marcum 701 South Taylor Street Amarillo, TX 79101 Date(s) debt was incurred ____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment Lease Agreement No. 1006521 (Capital Asset Resources)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,013.90
3.127	Nonpriority creditor's name and mailing address HARRIS COUNTY ANN HARRIS BENNETT TAX ASSESSOR-COLLECTOR PO BOX 3547 HOUSTON, TX 77253-3547 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TAX</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,270.72
3.128	Nonpriority creditor's name and mailing address HARRIS COUNTY MUD #358 - TAX 11111 KATY FREEWAY SUITE 725 HOUSTON, TX 77079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TAX</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,654.66
3.129	Nonpriority creditor's name and mailing address HARRIS COUNTY MUD #468 3200 SOUTHWEST FWY STE 2600 HOUSTON, TX 77027-7537 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITY - Water</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,681.98
3.130	Nonpriority creditor's name and mailing address HARRIS COUNTY WCID #155 11111 KATY FREEWAY SUITE 725 HOUSTON, TX 77079 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Tax</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,027.59
3.131	Nonpriority creditor's name and mailing address HENRY SCHEIN, INC DEPT CH 10241 Palatine, IL 60055-0241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MED SUPPLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$463,509.86
3.132	Nonpriority creditor's name and mailing address HILL AND KNOWLTON STRATEGIES, LLC. PO BOX 101264 Atlanta, GA 30392-1264 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Marketing and PR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00

Debtor	Adeptus Health LLC Name	Case number (if known)
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3.133	Nonpriority creditor's name and mailing address Hitachi Capital America Corp. Hitachi Capital America Vendor Services 7808 Creekridge Circle Minneapolis, MN 55439 Date(s) debt was incurred <u>10/23/2014</u> Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$185,967.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Master Agreement #205306CMA-01 dated 10/23/14 (Omniceil)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.134	Nonpriority creditor's name and mailing address Hitachi Capital America Corp. f/k/a Creekridge Capital LLC Hitachi Capital America Vendor Services 7808 Creekridge Circle Minneapolis, MN 55439 Date(s) debt was incurred <u>10/23/2014</u> Last 4 digits of account number <u>1002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$62,492.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Master Agreement #205306CMA-01 dated 10/23/14 (Omniceil)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135	Nonpriority creditor's name and mailing address Hitachi Capital America Corp. f/k/a Creekridge Capital LLC Hitachi Capital America Vendor Services 7808 Creekridge Cir Minneapolis, MN 55439 Date(s) debt was incurred <u>10/23/2014</u> Last 4 digits of account number <u>1003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,645.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Master Agreement #205306CMA-01 dated 10/23/14 (Omniceil)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.136	Nonpriority creditor's name and mailing address Hitachi Capital America Corp. f/k/a Creekridge Capital LLC Hitachi Capital America Vendor Services 7808 Creekridge Circle Minneapolis, MN 55439 Date(s) debt was incurred <u>10/23/2016</u> Last 4 digits of account number <u>1012</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$137,196.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Master Agreement #205306CMA-01 dated 10/23/14 (Omniceil)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.137	Nonpriority creditor's name and mailing address HKM California Properties LLC ATTN: Rob Whittey 9650 McCarran Blvd Reno, NV 89523 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,743,649.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>The Woodlands/Flintridge Real Estate Lease 10815 Kuykendahl Rd</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138	Nonpriority creditor's name and mailing address HOT SHOT FINALMILE LLC PO BOX 33700 SAN ANTONIO, TX 78265 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,238.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Delivery Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC <small>Name</small>	Case number (if known) _____
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3.139	Nonpriority creditor's name and mailing address HSM CROSSING LLC ATTN: Eunice Doehring 5151 Belt Line Rd., Suite 900 Dallas, TX 75254 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$442,305.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>North Richland Hills Real Estate Lease</u> <u>6035 Precinct Line Rd</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140	Nonpriority creditor's name and mailing address Huntington Technology Finance, Inc. Attn: Cheryl Carrol & Peter Leto 2285 Franklin Road, Suite 100 Bloomfield Hills, MI 48302 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>8001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,578.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141	Nonpriority creditor's name and mailing address Huntington Technology Finance, Inc. ATTN: Cheryl Carroll & Peter 2285 Franklin Road Suite 100 Bloomfield Hills, MI 48302 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>3001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,739.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.142	Nonpriority creditor's name and mailing address Huntington Technology Finance, Inc. ATTN: Cheryl Carroll & Peter 2285 Franklin Road Suite 100 Bloomfield Hills, MI 48302 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>7001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40,882.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.143	Nonpriority creditor's name and mailing address Huntington Technology Finance, Inc. ATTN: Cheryl Carroll & Peter 2285 Franklin Road Suite 100 Bloomfield Hills, MI 48302 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>3001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$55,243.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.144	Nonpriority creditor's name and mailing address Huntington Technology Finance, Inc. ATTN: Cheryl Carroll & Peter 2285 Franklin Road Suite 100 Bloomfield Hills, MI 48302 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>8001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.145	Nonpriority creditor's name and mailing address Huntington Technology Finance, Inc. ATTN: Cheryl Carroll & Peter 2285 Franklin Road Suite 100 Bloomfield Hills, MI 48302 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,625.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.146	Nonpriority creditor's name and mailing address Huntington Technology Finance, Inc. ATTN: Cheryl Carroll & Peter 2285 Franklin Road Suite 100 Bloomfield Hills, MI 48302 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>9001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,494.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.147	Nonpriority creditor's name and mailing address Huntington Technology Finance, Inc. ATTN: Cheryl Carroll & Peter 2285 Franklin Road Suite 100 Bloomfield Hills, MI 48302 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,695.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.148	Nonpriority creditor's name and mailing address INTEGRATED SUPPORT SOLUTIONS INC (ISSI) 5950 CANOGA AVE STE 420 Woodland Hills, CA 91367 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$212,850.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Janitorial Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.149	Nonpriority creditor's name and mailing address INTERNAL REVENUE SERVICE 4050 ALPHA ROAD RM 170 FARMERS BRANCH, TX 75244 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$850,000.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Deferred Payroll Taxes (contingent)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.150	Nonpriority creditor's name and mailing address K&E Limited Partnership c/o Highland Ventures; ATTN: DAVID NALL 2500 Lehigh Avenue Glenview, IL 60026 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$531,765.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Arlington - Matlock Real Estate Lease</u> <u>8020 Matlock Rd.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.151	Nonpriority creditor's name and mailing address Key Equipment Finance ATTN: Shannon Gettman 11030 Circle Point Road, 2nd Floor Westminster, CO 80020 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>2008</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013 with SCG Capital Corp. collaterally assigned to Mitsubishi UFJ Lease & Finance (USA) Inc.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.152	Nonpriority creditor's name and mailing address LABORATORY CORPORATION OF AMERICA PO BOX 12140 BURLINGTON, NC 27216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,749.03 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Laboratory Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.153	Nonpriority creditor's name and mailing address LONGACRE, STEVEN 1177 CR 1750 Chico, TX 76431 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$78,720.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Physician Compensation - DFW</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.154	Nonpriority creditor's name and mailing address MAGRO, FRANK 11 Ponds Side Drive Fremont, OH 43420 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$87,120.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Physician Compensation - DFW</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.155	Nonpriority creditor's name and mailing address MBH Mesquite LLC Attn: Mike Buscher 364 Wyatt Way NE Bainbridge Island, WA 98110-1842 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$143,117.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Mesquite - Samuell Farm Real Estate Lease 1745 N. Belt Line Rd</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.156	Nonpriority creditor's name and mailing address MGES, INC 8725 KNIGHT ROAD HOUSTON, TX 77054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,156.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Building Repair and Maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.157	Nonpriority creditor's name and mailing address Mitsubishi UFJ Lease & Finance (U.S.A.) Attn: Daniel Canine and Chris Legris 12340 El Camino Real, Suite 350 San Diego, CA 92130 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30,250.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013 with SCG Capital Corp. collaterally assigned to Mitsubishi UFJ Lease & Finance (USA) Inc.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.158	Nonpriority creditor's name and mailing address Mitsubishi UFJ Lease & Finance (U.S.A.) ATTN: Daniel Canine and Chris 12340 El Camino Real Suite 350 San Diego, CA 92130 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: Check all that apply. \$12,291.42 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013 with SCG Capital Corp. collaterally assigned to Mitsubishi UFJ Lease & Finance (USA) Inc.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.159	Nonpriority creditor's name and mailing address Mitsubishi UFJ Lease & Finance (U.S.A.) ATTN: Daniel Canine and Chris 12340 El Camino Real Suite 350 San Diego, CA 92130 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>8001</u>	As of the petition filing date, the claim is: Check all that apply. \$21,697.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013 with SCG Capital Corp. collaterally assigned to Mitsubishi UFJ Lease & Finance (USA) Inc.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.160	Nonpriority creditor's name and mailing address Mitsubishi UFJ Lease & Finance (U.S.A.) ATTN: Daniel Canine and Chris 12340 El Camino Real Suite 350 San Diego, CA 92130 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>2001</u>	As of the petition filing date, the claim is: Check all that apply. \$53,488.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013 with SCG Capital Corp. collaterally assigned to Mitsubishi UFJ Lease & Finance (USA) Inc.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.161	Nonpriority creditor's name and mailing address Mitsubishi UFJ Lease & Finance (U.S.A.) ATTN: Daniel Canine and Chris 12340 El Camino Real Suite 350 San Diego, CA 92130 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>4001</u>	As of the petition filing date, the claim is: Check all that apply. \$78,197.35 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013 with SCG Capital Corp. collaterally assigned to Mitsubishi UFJ Lease & Finance (USA) Inc.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.162	Nonpriority creditor's name and mailing address Mitsubishi UFJ Lease & Finance (U.S.A.) ATTN: Daniel Canine and Chris 12340 El Camino Real Suite 350 San Diego, CA 92130 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>5001</u>	As of the petition filing date, the claim is: Check all that apply. \$28,986.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013 with SCG Capital Corp. collaterally assigned to Mitsubishi UFJ Lease & Finance (USA) Inc.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.163	Nonpriority creditor's name and mailing address MONTGOMERY COUNTY TAX TAX ASSESSOR-COLLECTOR 400 N SAN JACINTO ST Conroe, TX 77301-2823 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: Check all that apply. \$40,867.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TAX</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC		Case number (if known)
	Name		
3.164	Nonpriority creditor's name and mailing address MP2 Energy Texas LLC 21 Waterway Ave. Suite 450 The Woodlands, TX 77380 Date(s) debt was incurred <u>1/16/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Retail Power Sales Agreement dated 1/16/</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.165	Nonpriority creditor's name and mailing address NUANCE COMMUNICATIONS, INC PO BOX 2561 Carol Stream, IL 60132-2561 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT - hardware</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,992.50
3.166	Nonpriority creditor's name and mailing address OFFICE OF THE US TRUSTEE US TRUSTEE PAYMENT CENTER PO BOX 530202 Atlanta, GA 30353-0202 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$549,215.33
3.167	Nonpriority creditor's name and mailing address Olympus America, Inc. Financial Services Department 3500 Corporate Parkway Center Valley, PA 18034-0610 Date(s) debt was incurred <u>09/08/2016</u> Last 4 digits of account number <u>001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement No. 0016700 dated September 8, 2016</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.168	Nonpriority creditor's name and mailing address Olympus America, Inc. 3500 Corporate Parkway Financial Services Department Center Valley, PA 18034-0610 Date(s) debt was incurred <u>09/08/2016</u> Last 4 digits of account number <u>002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement No. 0016700 dated September 8, 2016</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.169	Nonpriority creditor's name and mailing address Olympus America, Inc. 3500 Corporate Parkway Financial Services Department Center Valley, PA 18034-0610 Date(s) debt was incurred <u>09/08/2016</u> Last 4 digits of account number <u>003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement No. 0016700 dated September 8, 2016</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.170	Nonpriority creditor's name and mailing address PARAGON HOSPITALISTS LLC 10200 SIX PINES DR #543 SHENANDOAH, TX 77380 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Contracted Hospitalist Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,333.33

Debtor	Adeptus Health LLC <small>Name</small>	Case number (if known) _____
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3.171	Nonpriority creditor's name and mailing address PASATIEMPO APARTMENTS ATTN: Gillian Biggs 303 Paradise Dr Belvedere Tiburon, CA 94920 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$265,398.38 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Houston - Jones Rd. Real Estate Lease</u> <u>9530 Jones Rd.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.172	Nonpriority creditor's name and mailing address Patient Refunds various Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,406,062.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>refunds due to patients - full data assembled</u> <u>elsewhere</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.173	Nonpriority creditor's name and mailing address PRESS GANEY ASSO., INC. 404 Columbia Place South Bend, IN 46601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$31,230.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CONSULTING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.174	Nonpriority creditor's name and mailing address PRICewaterhouseCOOPERS LLP 2121 N Pearl St Dallas, TX 75201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$77,238.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounting Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.175	Nonpriority creditor's name and mailing address PROFESSIONAL OFFICE SERVICES INC PO BOX 450 WATERLOO, IA 50704 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,457.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MARKETING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.176	Nonpriority creditor's name and mailing address Putnam Avenue Properties, Inc. C/o Bulduc Law 67 Holly Hill Lane, Suite 200 Greenwich, CT 06830 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$97,576.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Arlington - Little Rd. Real Estate Lease</u> <u>4747 Little Rd.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.177	Nonpriority creditor's name and mailing address QUALITY TECHNOLOGY SERVICES HOLDING, LLC 12851 FOSTER STREET OVERLAND PARK, KS 66213 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,649.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT - Hardware</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.178	Nonpriority creditor's name and mailing address Rebound Retail LLC c/o CC Management, LTD ATTN: Josh Gordon 2501 Central Parkway, Suite B10 Houston, TX 77092 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$218,592.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Pearland - Silverlake Real Estate Lease</u> <u>2752 Sunrise Blvd</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.179	Nonpriority creditor's name and mailing address RICHARDSON ISD TAX OFFICE 420 S GREENVILLE AVE Richardson, TX 75081 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$32,281.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Tax</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.180	Nonpriority creditor's name and mailing address ROSHAL IMAGING SERVICES INC 440 Cobia Drive Suite 1302 Katy, TX 77494 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$52,400.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Radiology Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.181	Nonpriority creditor's name and mailing address RSM US LLP 13155 Noel Road Suite 2200 Dallas, TX 75240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$160,401.47 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounting/Audit services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.182	Nonpriority creditor's name and mailing address SADEH, CHRISTOPHER 5519 Willow Wood Lane Dallas, TX 75252 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$98,280.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Physician Compensation - DFW</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.183	Nonpriority creditor's name and mailing address SAHM Properties Woodland Hills LLC ATTN: Douglas Sahn & Anne Sahn P.O. Box 1516 Rancho Santa Fe, CA 92067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,528,868.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>South Shore Harbour (FSED) Real Estate Lease</u> <u>3016 Marina Bay Drive</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.184	Nonpriority creditor's name and mailing address salesforce.com, inc. ATTN: VP, Worldwide Sales Operations Salesforce Tower 415 Mission Street, 3rd Floor San Francisco, CA 94105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$56,823.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MASTER SUBSCRIPTION AGREEMENT - Sales Cloud</u> <u>Lightning CRM - Enterprise Edition</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC		Case number (if known)
	Name		
3.185	Nonpriority creditor's name and mailing address SANOI PASTEUR INC 12458 COLLECTIONS CENTER DR CHICAGO, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,034.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medicines</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.186	Nonpriority creditor's name and mailing address SCARBOROUGH, JON 119 McKinzie Lane Weatherford, TX 76087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$59,160.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Physician Compensation - DFW</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.187	Nonpriority creditor's name and mailing address SCG Capital Corporation Attn: John Strabo 3100 Clarendon Blvd. Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>5001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$36,232.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.188	Nonpriority creditor's name and mailing address SCG Capital Corporation ATTN: John Strabo 3100 Clarendon Blvd. Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>8001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,466.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.189	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$94,151.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.190	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>8001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,985.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.191	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>7001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,662.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Adeptus Health LLC Name	Case number (if known)
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3.192	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>4001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,462.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.193	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30,250.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.194	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>2001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$17,292.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.195	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>6001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,953.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.196	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,530.61 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.197	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>2001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,664.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.198	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>2001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$33,557.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.199	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>3001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,236.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.200	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>4001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,305.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.201	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>7001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,914.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.202	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>7001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,466.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.203	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>5001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,273.28 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.204	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>6001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,424.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.205	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>6001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$98,696.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.206	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>5001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,225.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.207	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,267.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.208	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>2001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,907.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.209	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>7001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,921.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.210	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>9001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,900.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.211	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,866.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.212	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,388.56 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.213	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>6001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,293.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.214	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>8001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,429.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.215	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>8001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$28,930.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.216	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>2001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,260.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.217	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>9001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,509.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.218	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>4001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$8,569.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.219	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$56,441.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.220	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>2001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$92,714.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.221	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>2001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$46,958.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name	Case number (if known)
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3.222	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>7001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$63,417.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.223	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,661.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.224	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$24,291.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.225	Nonpriority creditor's name and mailing address SCG Capital Corporation 3100 Clarendon Blvd. ATTN: John Strabo Suite 200 Arlington, VA 22201 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>7001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$35,365.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.226	Nonpriority creditor's name and mailing address SECURITY RECONNAISSANCE TEAM INC 2809 REGAL RD STE 103 PLANO, TX 75075 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,583.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LABOR - Security</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.227	Nonpriority creditor's name and mailing address SIEMENS HEALTHCARE DIAGNOSTICS INC. PO BOX 121102 DALLAS, TX 75312-1102 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$22,975.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lab Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.228	Nonpriority creditor's name and mailing address SILER-FISHER, ANGELA 2211 Bolsover Street Houston, TX 77005 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$67,200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Physician Compensation - Houston</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC Name _____	Case number (if known) _____
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3.229	Nonpriority creditor's name and mailing address SMITH & NEPHEW INC PO BOX 60333 CHARLOTTE, NC 28260-0333 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,804.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.230	Nonpriority creditor's name and mailing address Snyder Family Trust ATTN: Maxine Snyder & Jim Makens 7280 Romero Dr. La Jolla, CA 92037 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$277,771.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Mansfield Real Estate Lease</u> <u>995 N. Walnut Creek Dr.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.231	Nonpriority creditor's name and mailing address SOUTHWEST OFFICE SYSTEMS 13960 TRINITY BLVD Euless, TX 76040 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$39,113.26 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Copier Expenses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.232	Nonpriority creditor's name and mailing address STERIS CORPORATION 5960 HEISLEY ROAD Mentor, OH 44060 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$23,330.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Equipment Repairs and Maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.233	Nonpriority creditor's name and mailing address SYSTEMSACCOUNTANTS INC 620 N. LASALLE DR. Chicago, IL 60654 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Recruitment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.234	Nonpriority creditor's name and mailing address TARRANT COUNTY TAX ASSESSOR-COLLECTOR PO BOX 961018 Fort Worth, TX 76161 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$67,089.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TAX</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.235	Nonpriority creditor's name and mailing address Texas Comptroller of Public Accounts Capitol Station P.O. Box 13528 Austin, TX 78711-3528 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$425,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Franchise Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Adeptus Health LLC		Case number (if known)
	Name		
3.236	Nonpriority creditor's name and mailing address THE RICHARDS GROUP, INC 2801 NORTH CENTRAL EXPRESSWAY SUITE 100 DALLAS, TX 75204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Billboards Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,800.00
3.237	Nonpriority creditor's name and mailing address The U.S. Depart. of HHS 200 Independence Avenue, S.W. Washington, DC 20201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CARES/COVID AHA- ASPR Grant Funds/Reporting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.238	Nonpriority creditor's name and mailing address The U.S. Depart. of HHS 200 Independence Avenue, S.W. Washington, DC 20201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>CARES/COVID HHS Grant Funds/Reporting</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.239	Nonpriority creditor's name and mailing address TIME WARNER CABLE ENTERPRISES LLC PO BOX 60074 City of Industry, CA 91716-0074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITY - Communications</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85,523.70
3.240	Nonpriority creditor's name and mailing address TOTZ, KENNETH 10830 Long Shadow Lane Houston, TX 77024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Physician Compensation - Houston</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$124,320.00
3.241	Nonpriority creditor's name and mailing address U.S. Bank, N.A. Attn: Jeffrey Lothert and Glenda Werkman 1310 Madrid Street Marshall, MN 56258 Date(s) debt was incurred <u>09/02/2016</u> Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Product Placement Agreement No. 0001054-000 dated September 2, 2016</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.242	Nonpriority creditor's name and mailing address U.S. Bank, N.A. d/b/a U.S. Bank Equipmen 1310 Madrid Street ATTN: Jeffrey Lothert and Glenda Werkman Marshall, MN 56258 Date(s) debt was incurred ____ Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease agreement 0053507-001 (Stryker)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor Name	Case number (if known)
Adeptus Health LLC	
3.243 Nonpriority creditor's name and mailing address U.S. Cntrs. for Medicare & Medicaid Serv 7500 Security Boulevard Baltimore, MD 21244 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medicare Advances Recoupment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.244 Nonpriority creditor's name and mailing address VERIZON COMMUNICATIONS PO BOX 920041 DALLAS, TX 75392-0041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$187.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>UTILITY - Communications</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.245 Nonpriority creditor's name and mailing address VVC HOLDING CORP VIRENCE HEALTH TECHNO PO BOX 840952 DALLAS, TX 75284-0952 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,300.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>IT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.246 Nonpriority creditor's name and mailing address Wells Fargo Equipment Finance, Inc. Attn: Sue Lydon 5595 Trillium Blvd. Hoffman Estates, IL 60192 Date(s) debt was incurred <u>1/11/2013</u> Last 4 digits of account number <u>N/A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Master Lease Agreement dated 1/11/2013</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.247 Nonpriority creditor's name and mailing address WELLS FARGO FINANCIAL LEASING INC / Well WELLS FARGO VENDOR FINANCIAL SERVICES P.O. Box 310590 Des Moines, IA 50331 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$29,729.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>GE LEASE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.248 Nonpriority creditor's name and mailing address Wenzhold, LP ATTN: Marilyn Acheson 4501 Sunbelt Drive, Suite B Addison, TX 75001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$848,507.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Dallas North Tollway Real Estate Lease</u> <u>4535 Frankford Rd.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.249 Nonpriority creditor's name and mailing address WFC Beach Western Commons LLC c/o Westwood Financial; Attn: Mark Wohls 5500 Greenville Ave, Suite 602 Dallas, TX 75206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,262.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>North Ft. Worth - Beach Real Estate Lease</u> <u>4551 Western Center Blvd</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Adeptus Health LLC Name	Case number (if known)
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3.250	Nonpriority creditor's name and mailing address WILSON, DAMALIA 216 Longford Court Keller, TX 76248 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Physician Compensation - DFW</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,740.00
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3.251	Nonpriority creditor's name and mailing address WOLDERT RENTALS, LLC c/o Potter Minton; Attn: Patrick Bell 110 North College, 500 Plaza Tower Tyler, TX 75702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Mesquite - Gus Thomasson Real Estate Lease</u> <u>3400 Gus Thomasson Rd</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,438.54
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3.252	Nonpriority creditor's name and mailing address Xite Realty, LLC 11149 Research Blvd. Suite 280 Austin, TX 78759 Date(s) debt was incurred <u>10/31/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Broker Commission Agreement dated 10/31/19 - 2nd</u> <u>half of commission</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
-------	--	---	--------------------

3.253	Nonpriority creditor's name and mailing address YELP INC. P.O. BOX 204393 Dallas, TX 75320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Online and Digital Marketing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,253.99
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
--------------------------	--	---

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

		Total of claim amounts
5a.	\$	0.00
5b.	+	68,293,777.46
		\$ 68,293,777.46
5c.	\$	

Fill in this information to identify the case:Debtor name **Adeptus Health LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

**Alvarez & Marsal
Healthcare Industry
Group - Adeptus Health
- Engagement Letter
and Indemnification
Agreement dated
3/11/19
Provide interim
management
consulting services
May be terminated with
immediate effect by
written notice**

State the term remaining

List the contract number of any government contract _____

**Alvarez & Marsal Healthcare Ind. Group
600 Madison Avenue, 7th Floor
New York, NY 10022**

2.2. State what the contract or lease is for and the nature of the debtor's interest

**Buxton Household
Analytics Solution
Agreement dated
2/2/16, as amended
2/15/18
Buildout of model and
maintenance of
consumer analytics
and market planning
solution
Through 1/31/21**

State the term remaining

List the contract number of any government contract _____

**BUXTON COMPANY
2651 S POLARIS DR
FORT WORTH, TX 76137**

2.3. State what the contract or lease is for and the nature of the debtor's interest

**Cardinal Health
Services Agreement
Pharmacy services for
hospital locations
Expires April 30, 2021**

State the term remaining

List the contract number of any government contract _____

**Cardinal Health Pharmacy Services LLC
1330 Enclave Pkwy.
Houston, TX 77077**

Debtor 1 **Adeptus Health LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.4. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Broker Sales/Listing Agreement for owned property at 2710 Western Center Blvd., Ft. Worth, TX Exclusive Sales/Lease Listing Agreement - 2710 Western Center Blvd. Fort Worth, TX, dated 3/27/19, As Amended 6/17/20 Extended through 9/26/20, but continues to be listing broker

**CBRE, Inc.
ATTN: Daniel D. Taylor
8080 Park Ln, Ste 800
Dallas, TX 75231**

2.5. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Software License Letter-Agreement Transfer of software licenses from CorepointHealth LLC dba Lyniate to CommonSpirit Terminates upon execution of new contract with CommonSpirit

**CorepointHealth LLC dba Lyniate
3010 Gaylord Pkwy.
Frisco, TX 75034**

2.6. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Harbor Flex/Cresa Lease Administration Software, Harbor Flex/Lease Harbor Annual support costs \$20,748 Contract effective until December 31, 2022

**Cresa Global Inc.
5005 Lyndon B. Johnson Frwy
Suite 800
Dallas, TX 75244**

2.7. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Diversified Fully Executed BAA and Agreement

Until terminated, fully executed August 10, 2020

**Diversified Medical Records Services
JW LLC
1333 SHORE DISTRICT DR, APT. 1306
Austin, TX 78741**

Debtor 1 **Adeptus Health LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

- | | | |
|-------|--|---|
| 2.8. | State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract | Corporate Master Agreement
#205306CMA-01 dated 10/23/14 (Omnicell) schedule no. 001-2038701-001 Medical Equipment Lease
Active Obligation through 6/15/2021

Hitachi Capital America Corp.
Hitachi Capital America Vendor Services
7808 Creekridge Circle
Minneapolis, MN 55439 |
| 2.9. | State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract | Corporate Master Agreement
#205306CMA-01 dated 10/23/14 (Omnicell) schedule no. 001-2038701-002 Medical Equipment Lease
Active Obligation through 6/15/2021

Hitachi Capital America Corp.
f/k/a Creekdridge Capital LLC
Hitachi Capital America Vendor Services
7808 Creekridge Circle
Minneapolis, MN 55439 |
| 2.10. | State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract | Corporate Master Agreement
#205306CMA-01 dated 10/23/14 (Omnicell) schedule no. 001-2038701-003 Medical Equipment Lease
Active Obligation through 6/15/2021

Hitachi Capital America Corp.
f/k/a Creekdridge Capital LLC
Hitachi Capital America Vendor Services
7808 Creekridge Circle
Minneapolis, MN 55439 |
| 2.11. | State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract | Corporate Master Agreement
#205306CMA-01 dated 10/23/14 (Omnicell) schedule no. 001-2038701-012 Medical Equipment Lease
Active Obligation through 6/15/2021

Hitachi Capital America Corp.
f/k/a Creekdridge Capital LLC
Hitachi Capital America Vendor Services
7808 Creekridge Circle
Minneapolis, MN 55439 |

Debtor 1 **Adeptus Health LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.12. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

ISSI - Housekeeping Services Master Services Agreement to provide Housekeeping Services at all facilities
Expired 10/1/20; outstanding amount

INTEGRATED SUPPORT SOLUTIONS INC (ISSI)
5950 CANOGA AVE
STE 420
Woodland Hills, CA 91367

2.13. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Iron Mountain BAA Record Storage, Shredding
Term. The term of this BAA shall commence as of the Effective Date and shall terminate automatically upon the later to occur of (i) the expiration of the Service Agreement, or (ii) when all PHI provided by Customer to Business Associate is destroyed or returned to Customer.
Term

Iron Mountain
ATTN: Michael Zurcher
12121 N. Stemmons Freeway
Dallas, TX 75234

2.14. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Collections Contract Patient balance collections

Termination upon mutual agreement of parties

Morrison Law Firm
120 E. Corsicana Street
Athens, TX 75751

2.15. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

Retail Power Sales Agreement dated 1/16/2019
Retail Energy Utilities contract with minimum monthly usage quantity
Minimum Monthly Quantity Through 2/28/2022

MP2 Energy Texas LLC
21 Waterway Ave.
Suite 450
The Woodlands, TX 77380

Debtor 1 **Adeptus Health LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.16. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Assignment and Assumption Agreement (of AMCOL Master Services Agreement) Uncollected A/R Not specified.

**National Medical Professionals of Arizona LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039**

2.17. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Engagement Letter - Norton Rose Fulbright US LLP Representation of Adeptus Health Advising and legal services

**Norton Rose Fulbright US LLP
2200 Ross Avenue
Suite 3600
Dallas, TX 75201-7932**

2.18. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Nthrive Revenue Systems Master Agreement Rev Cycle Management Effective July 29, 2019 term not specified

**Nthrive Revenue Systems LLC
5543 Legacy Drive
Plano, TX 75024**

2.19. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Real Estate Lease Corporate HQ - Real Estate Lease - 220 East Las Colinas Boulevard, Suite 1000 Active Obligation through 8/31/2028

**Parma Mandalay Tower, LLC
c/o Parmenter ATTN: Property Manager
220 East Las Colinas Boulevard
Suite 150
Irving, TX 75039**

2.20. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Adeptus Paycom - Payroll and Human Capital Management Services Agreement Provide payroll services May be terminated with 30 days' notice

**PAYCOM PAYROLL, LLC d/b/a PAYCOM
7501 W. Memorial Road
Oklahoma City, OK 73142**

Debtor 1 **Adeptus Health LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.21. State what the contract or lease is for and the nature of the debtor's interest

Analytics

State the term remaining

24 months from origination of 01/20/2020

List the contract number of any government contract

**PRESS GANEY
ATTN: Mike Williams,SVP Operations
5723 Meletio Lane
Dallas, TX 75230**

2.22. State what the contract or lease is for and the nature of the debtor's interest

**MASTER
SUBSCRIPTION
AGREEMENT - Sales
Cloud Lightning CRM -
Enterprise Edition
subscription
may terminate if the
other party becomes
the subject of a petition
in bankruptcy**

State the term remaining

**salesforce.com, inc.
ATTN: VP, Worldwide Sales Operations
Salesforce Tower
415 Mission Street, 3rd Floor**

List the contract number of any government contract

2.23. State what the contract or lease is for and the nature of the debtor's interest

**IT-Custom Engineering
Services to migrate
studies in
PicomEnterprise from
the existing Adeptus
Lotus Server in the Iron
Mountain Data Center
to PICOM365.com
Terms and conditions
of executed quote#:
133114-135050 between
Scimage and ECC
Management govern
this transaction.
Not specified**

State the term remaining

**Scimage
4916 El Camino Real
Los Altos, CA 94022**

List the contract number of any government contract

2.24. State what the contract or lease is for and the nature of the debtor's interest

**Healthcare
solutions-Outsourcing
Sutherland Termination
Termination fees
specified through 2022
Not specified**

State the term remaining

**Sutherland Healthcare Solutions, Inc
2 Brighton Rd.
Suite 300
Clifton, NJ 07012-1645**

List the contract number of any government contract

Debtor 1 **Adeptus Health LLC**

First Name

Middle Name

Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.25. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Master License Agreement
T-System, Inc. Master Agreement
Expires January 11, 2021

T-System, Inc.
4020 Mc Ewen Rd.
Dallas, TX 75244

2.26. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

T-System, Inc. Final Extraction Agreement
Final Data Extraction for DFW Facilities through 8/31/2020
N/A

T-System, Inc.
4020 Mc Ewen Rd.
Dallas, TX 75244

Fill in this information to identify the case:Debtor name **Adeptus Health LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1 **Adeptus Health Colorado Holdings LLC** **220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039**

Deerfield Partners L.P.

☒ D **2.1**
☐ E/F _____
☐ G _____

2.2 **Adeptus Health Management LLC** **220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039**

Deerfield Partners L.P.

☒ D **2.1**
☐ E/F _____
☐ G _____

2.3 **Adeptus Health Phoenix Holdings LLC** **220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039**

Deerfield Partners L.P.

☒ D **2.1**
☐ E/F _____
☐ G _____

2.4 **Adeptus Health Ventures LLC** **220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039**

Deerfield Partners L.P.

☒ D **2.1**
☐ E/F _____
☐ G _____

Debtor **Adeptus Health LLC**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.5	ADPT Columbus Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.6	ADPT DFW Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	ADPT New Orleans Management LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	ADPT Operating, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	ADPT-AZ RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.10	ADPT-CO RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.11	ADPT-Columbus RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Adeptus Health LLC**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.12	ADPT-DFW RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	WFC Beach Western Commons LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.249</u> <input type="checkbox"/> G _____
<hr/>				
2.13	ADPT-DFW RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	WOLDERT RENTALS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.251</u> <input type="checkbox"/> G _____
<hr/>				
2.14	ADPT-DFW RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Putnam Avenue Properties, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.176</u> <input type="checkbox"/> G _____
<hr/>				
2.15	ADPT-DFW RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	MBH Mesquite LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.155</u> <input type="checkbox"/> G _____
<hr/>				
2.16	ADPT-DFW RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	First Prairie LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.49</u> <input type="checkbox"/> G _____
<hr/>				
2.17	ADPT-DFW RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	FSED TEXAS LAKEVIEW PARKWAY LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.53</u> <input type="checkbox"/> G _____
<hr/>				
2.18	ADPT-DFW RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Wenzhold, LP	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.248</u> <input type="checkbox"/> G _____
<hr/>				

Debtor **Adeptus Health LLC**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.19	ADPT-DFW RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	FM2181-IH 35 LOT 3 LTD	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.51</u> <input type="checkbox"/> G _____
<hr/>				
2.20	ADPT-DFW RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	K&E Limited Partnership	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.150</u> <input type="checkbox"/> G _____
<hr/>				
2.21	ADPT-DFW RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Snyder Family Trust	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.230</u> <input type="checkbox"/> G _____
<hr/>				
2.22	ADPT-DFW RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	HSM CROSSING LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.139</u> <input type="checkbox"/> G _____
<hr/>				
2.23	ADPT-DFW RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	CCMR 18 LLC, RLC JENNA 18 LLC, & RLC JUS	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.15</u> <input type="checkbox"/> G _____
<hr/>				
2.24	ADPT-Houston RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.25	ADPT-Houston RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Rebound Retail LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.178</u> <input type="checkbox"/> G _____
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2.26	ADPT-Houston RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	FIUSA TEXAS LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.50</u> <input type="checkbox"/> G _____
<hr/>				
2.27	ADPT-Houston RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	PASATIEMPO APARTMENTS	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.171</u> <input type="checkbox"/> G _____
<hr/>				
2.28	ADPT-Houston RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	HKM California Properties LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.137</u> <input type="checkbox"/> G _____
<hr/>				
2.29	ADPT-Houston RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Cypress Village, Cypress TX, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.34</u> <input type="checkbox"/> G _____
<hr/>				
2.30	ADPT-Houston RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	28606 Northwest Freeway Cypress TX, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.1</u> <input type="checkbox"/> G _____
<hr/>				
2.31	ADPT-Houston RE Holdings LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.32	ADPT-Houston RE Holdings, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Ameriland Enterprises LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.6</u> <input type="checkbox"/> G _____
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2.33	AJNH Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.187</u> <input type="checkbox"/> G _____
<hr/>				
2.34	AJNH Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Mitsubishi UFJ Lease & Finance (U.S.A.)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.162</u> <input type="checkbox"/> G _____
<hr/>				
2.35	AJNH Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.36	Briar Forest-Eldridge Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.37	Briar Forest-Eldridge Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.188</u> <input type="checkbox"/> G _____
<hr/>				
2.38	Briar Forest-Eldridge Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.203</u> <input type="checkbox"/> G _____
<hr/>				
2.39	Briar Forest-Eldridge Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	CIT Finance LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.18</u> <input type="checkbox"/> G _____
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2.40	Cedar Hill Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.41	Cedar Hill Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.202</u> <input type="checkbox"/> G _____
<hr/>				
2.42	Cedar Hill Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.206</u> <input type="checkbox"/> G _____
<hr/>				
2.43	Cedar Hill Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.207</u> <input type="checkbox"/> G _____
<hr/>				
2.44	Center Street DP Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.64</u> <input type="checkbox"/> G _____
<hr/>				
2.45	Center Street DP Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.46	Cinco Ranch Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.69</u> <input type="checkbox"/> G _____
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2.47	Cinco Ranch Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.48	Conroe Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.57</u> <input type="checkbox"/> G _____
<hr/>				
2.49	Conroe Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.104</u> <input type="checkbox"/> G _____
<hr/>				
2.50	Conroe Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.51	Creekside Forest Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.70</u> <input type="checkbox"/> G _____
<hr/>				
2.52	Creekside Forest Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.111</u> <input type="checkbox"/> G _____
<hr/>				
2.53	Creekside Forest Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	CIT Finance LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.24</u> <input type="checkbox"/> G _____
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|-------|------------------------------------|--|-------------------------|---|
| 2.54 | Creeside Forest Medical Center LLC | 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039 | Deerfield Partners L.P. | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.55 | Culebra-Tezel Medical Center LLC | 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039 | Deerfield Partners L.P. | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.56 | Custer Bridges Medical Center LLC | 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039 | GE HFS, LLC | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.73</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.57 | Custer Bridges Medical Center LLC | 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039 | GE HFS, LLC | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.74</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.58 | Custer Bridges Medical Center LLC | 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039 | Deerfield Partners L.P. | <input checked="" type="checkbox"/> D <u>2.1</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.59 | Desoto Beltline Medical Center LLC | 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039 | CIT Finance LLC | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.21</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.60 | Desoto Beltline Medical Center LLC | 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039 | CIT Finance LLC | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.22</u>
<input type="checkbox"/> G _____ |

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2.61	Desoto Beltline Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	CIT Finance LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.23</u> <input type="checkbox"/> G _____
<hr/>				
2.62	Desoto Beltline Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Huntington Technology Finance, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.144</u> <input type="checkbox"/> G _____
<hr/>				
2.63	Desoto Beltline Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.64	Eagles Nest Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.56</u> <input type="checkbox"/> G _____
<hr/>				
2.65	Eagles Nest Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.66	East Pflugerville Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.67	ECC Management LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	WELLS FARGO FINANCIAL LEASING INC / Well	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.247</u> <input type="checkbox"/> G _____
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2.68	FCER Management, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.69	FCER Management, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	De Lage Landen Financial Services, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.40</u> <input type="checkbox"/> G _____
<hr/>				
2.70	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.218</u> <input type="checkbox"/> G _____
<hr/>				
2.71	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.219</u> <input type="checkbox"/> G _____
<hr/>				
2.72	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.220</u> <input type="checkbox"/> G _____
<hr/>				
2.73	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.221</u> <input type="checkbox"/> G _____
<hr/>				
2.74	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.222</u> <input type="checkbox"/> G _____
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2.75	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.223</u> <input type="checkbox"/> G _____
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2.76	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.224</u> <input type="checkbox"/> G _____
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2.77	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.225</u> <input type="checkbox"/> G _____
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2.78	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.55</u> <input type="checkbox"/> G _____
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2.79	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.56</u> <input type="checkbox"/> G _____
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2.80	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.57</u> <input type="checkbox"/> G _____
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2.81	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.58</u> <input type="checkbox"/> G _____
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2.82	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.59</u> <input type="checkbox"/> G _____
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2.83	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.60</u> <input type="checkbox"/> G _____
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2.84	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.61</u> <input type="checkbox"/> G _____
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2.85	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.62</u> <input type="checkbox"/> G _____
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2.86	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.63</u> <input type="checkbox"/> G _____
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2.87	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.64</u> <input type="checkbox"/> G _____
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2.88	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.65</u> <input type="checkbox"/> G _____
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2.89	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.66</u> <input type="checkbox"/> G _____
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2.90	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.67</u> <input type="checkbox"/> G _____
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2.91	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.68</u> <input type="checkbox"/> G _____
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2.92	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.69</u> <input type="checkbox"/> G _____
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2.93	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.70</u> <input type="checkbox"/> G _____
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2.94	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.71</u> <input type="checkbox"/> G _____
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2.95	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.72</u> <input type="checkbox"/> G _____
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2.96	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.73</u> <input type="checkbox"/> G _____
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2.97	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.74</u> <input type="checkbox"/> G _____
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2.98	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.75</u> <input type="checkbox"/> G _____
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2.99	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.76</u> <input type="checkbox"/> G _____
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2.10 0	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.77</u> <input type="checkbox"/> G _____
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2.10 1	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.78</u> <input type="checkbox"/> G _____
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2.10 2	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.79</u> <input type="checkbox"/> G _____
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2.10 3	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.80</u> <input type="checkbox"/> G _____
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2.10 4	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.81</u> <input type="checkbox"/> G _____
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2.10 5	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.82</u> <input type="checkbox"/> G _____
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2.10 6	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.83</u> <input type="checkbox"/> G _____
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2.10 7	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.84</u> <input type="checkbox"/> G _____
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2.10 8	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.85</u> <input type="checkbox"/> G _____
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2.10 9	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.86</u> <input type="checkbox"/> G _____
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2.11 0	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.87 <input type="checkbox"/> G _____
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2.11 1	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.88 <input type="checkbox"/> G _____
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2.11 2	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.89 <input type="checkbox"/> G _____
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2.11 3	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.90 <input type="checkbox"/> G _____
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2.11 4	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.91 <input type="checkbox"/> G _____
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2.11 5	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.92 <input type="checkbox"/> G _____
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2.11 6	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.93 <input type="checkbox"/> G _____
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Column 1: Codebtor

Column 2: Creditor

2.11 7	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.94 <input type="checkbox"/> G _____
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2.11 8	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.95 <input type="checkbox"/> G _____
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2.11 9	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.96 <input type="checkbox"/> G _____
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2.12 0	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.97 <input type="checkbox"/> G _____
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2.12 1	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.98 <input type="checkbox"/> G _____
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2.12 2	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.99 <input type="checkbox"/> G _____
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2.12 3	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.100 <input type="checkbox"/> G _____
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Debtor **Adeptus Health LLC**

Case number (if known) _____

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2.12 4	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.101 <input type="checkbox"/> G _____
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2.12 5	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.102 <input type="checkbox"/> G _____
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2.12 6	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.103 <input type="checkbox"/> G _____
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2.12 7	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.104 <input type="checkbox"/> G _____
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2.12 8	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.105 <input type="checkbox"/> G _____
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2.12 9	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.106 <input type="checkbox"/> G _____
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2.13 0	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.107 <input type="checkbox"/> G _____
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Debtor **Adeptus Health LLC**

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2.13 1	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.108 <input type="checkbox"/> G _____
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2.13 2	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.109 <input type="checkbox"/> G _____
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2.13 3	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.110 <input type="checkbox"/> G _____
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2.13 4	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.111 <input type="checkbox"/> G _____
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2.13 5	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.112 <input type="checkbox"/> G _____
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2.13 6	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.113 <input type="checkbox"/> G _____
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2.13 7	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.114 <input type="checkbox"/> G _____
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Debtor **Adeptus Health LLC**

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2.13 8	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.115 <input type="checkbox"/> G _____
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2.13 9	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.116 <input type="checkbox"/> G _____
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2.14 0	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.117 <input type="checkbox"/> G _____
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2.14 1	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.118 <input type="checkbox"/> G _____
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2.14 2	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.119 <input type="checkbox"/> G _____
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2.14 3	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.120 <input type="checkbox"/> G _____
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2.14 4	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.121 <input type="checkbox"/> G _____
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2.14 5	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.122 <input type="checkbox"/> G _____
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2.14 6	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.123 <input type="checkbox"/> G _____
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2.14 7	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.124 <input type="checkbox"/> G _____
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2.14 8	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	CIT Finance LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.18 <input type="checkbox"/> G _____
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2.14 9	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	CIT Finance LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.19 <input type="checkbox"/> G _____
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2.15 0	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	CIT Finance LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.20 <input type="checkbox"/> G _____
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2.15 1	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	CIT Finance LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.21 <input type="checkbox"/> G _____
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2.15 2	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	CIT Finance LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.22</u> <input type="checkbox"/> G _____
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2.15 3	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	CIT Finance LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.23</u> <input type="checkbox"/> G _____
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2.15 4	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	CIT Finance LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.24</u> <input type="checkbox"/> G _____
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2.15 5	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	CIT Finance LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.25</u> <input type="checkbox"/> G _____
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2.15 6	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Huntington Technology Finance, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.140</u> <input type="checkbox"/> G _____
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2.15 7	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Huntington Technology Finance, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.141</u> <input type="checkbox"/> G _____
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2.15 8	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Huntington Technology Finance, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.142</u> <input type="checkbox"/> G _____
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2.15 9	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Huntington Technology Finance, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.143</u> <input type="checkbox"/> G _____
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2.16 0	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Huntington Technology Finance, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.144</u> <input type="checkbox"/> G _____
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2.16 1	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Huntington Technology Finance, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.145</u> <input type="checkbox"/> G _____
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2.16 2	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Huntington Technology Finance, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.146</u> <input type="checkbox"/> G _____
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2.16 3	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Huntington Technology Finance, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.147</u> <input type="checkbox"/> G _____
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2.16 4	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Wells Fargo Equipment Finance, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.246</u> <input type="checkbox"/> G _____
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2.16 5	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Mitsubishi UFJ Lease & Finance (U.S.A.)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.157</u> <input type="checkbox"/> G _____
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Debtor **Adeptus Health LLC**

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2.16 6	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Mitsubishi UFJ Lease & Finance (U.S.A.)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.158</u> <input type="checkbox"/> G _____
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2.16 7	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Mitsubishi UFJ Lease & Finance (U.S.A.)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.159</u> <input type="checkbox"/> G _____
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2.16 8	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Mitsubishi UFJ Lease & Finance (U.S.A.)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.160</u> <input type="checkbox"/> G _____
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2.16 9	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Mitsubishi UFJ Lease & Finance (U.S.A.)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.161</u> <input type="checkbox"/> G _____
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2.17 0	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Mitsubishi UFJ Lease & Finance (U.S.A.)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.162</u> <input type="checkbox"/> G _____
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2.17 1	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Key Equipment Finance	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.151</u> <input type="checkbox"/> G _____
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2.17 2	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	De Lage Landen Financial Services, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.38</u> <input type="checkbox"/> G _____
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Debtor **Adeptus Health LLC**

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2.17 3	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	De Lage Landen Financial Services, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.39</u> <input type="checkbox"/> G _____
<hr/>				
2.17 4	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	U.S. Bank, N.A. d/b/a U.S. Bank Equipmen	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.242</u> <input type="checkbox"/> G _____
<hr/>				
2.17 5	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Capital Asset Resources	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.12</u> <input type="checkbox"/> G _____
<hr/>				
2.17 6	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Happy State Bank & Trust Co.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.126</u> <input type="checkbox"/> G _____
<hr/>				
2.17 7	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	First National Bank Wichita Falls	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.48</u> <input type="checkbox"/> G _____
<hr/>				
2.17 8	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	First National Bank of Wichita Falls	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.46</u> <input type="checkbox"/> G _____
<hr/>				
2.17 9	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	First National Bank of Wichita Falls	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.47</u> <input type="checkbox"/> G _____
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Debtor **Adeptus Health LLC**

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2.18 0	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Cypress Village, Cypress TX, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.34</u> <input type="checkbox"/> G _____
<hr/>				
2.18 1	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	CJC 18-2 LLC / MTL Jamie LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.27</u> <input type="checkbox"/> G _____
<hr/>				
2.18 2	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	28606 Northwest Freeway Cypress TX, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.1</u> <input type="checkbox"/> G _____
<hr/>				
2.18 3	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SAHM Properties Woodland Hills LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.183</u> <input type="checkbox"/> G _____
<hr/>				
2.18 4	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Wenzhold, LP	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.248</u> <input type="checkbox"/> G _____
<hr/>				
2.18 5	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	FM2181-IH 35 LOT 3 LTD	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.51</u> <input type="checkbox"/> G _____
<hr/>				
2.18 6	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	K&E Limited Partnership	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.150</u> <input type="checkbox"/> G _____
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Debtor **Adeptus Health LLC**

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2.18 7	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	HSM CROSSING LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.139</u> <input type="checkbox"/> G _____
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2.18 8	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	CCMR 18 LLC, RLC JENNA 18 LLC, & RLC JUS	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.15</u> <input type="checkbox"/> G _____
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2.18 9	First Choice ER LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.19 0	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	FIUSA TEXAS LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.50</u> <input type="checkbox"/> G _____
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2.19 1	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	WOLDERT RENTALS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.251</u> <input type="checkbox"/> G _____
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2.19 2	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Putnam Avenue Properties, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.176</u> <input type="checkbox"/> G _____
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2.19 3	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	MBH Mesquite LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.155</u> <input type="checkbox"/> G _____
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2.19 4	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	First Prairie LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.49</u> <input type="checkbox"/> G _____
<hr/>				
2.19 5	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	FSED TEXAS LAKEVIEW PARKWAY LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.53</u> <input type="checkbox"/> G _____
<hr/>				
2.19 6	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.187</u> <input type="checkbox"/> G _____
<hr/>				
2.19 7	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.188</u> <input type="checkbox"/> G _____
<hr/>				
2.19 8	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.203</u> <input type="checkbox"/> G _____
<hr/>				
2.19 9	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.204</u> <input type="checkbox"/> G _____
<hr/>				
2.20 0	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.205</u> <input type="checkbox"/> G _____
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2.20 1	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.192</u> <input type="checkbox"/> G _____
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2.20 2	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.193</u> <input type="checkbox"/> G _____
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2.20 3	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.194</u> <input type="checkbox"/> G _____
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2.20 4	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.195</u> <input type="checkbox"/> G _____
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2.20 5	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.196</u> <input type="checkbox"/> G _____
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2.20 6	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.197</u> <input type="checkbox"/> G _____
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2.20 7	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.198</u> <input type="checkbox"/> G _____
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Debtor **Adeptus Health LLC**

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2.20 8	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.199 <input type="checkbox"/> G _____
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2.20 9	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.200 <input type="checkbox"/> G _____
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2.21 0	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.201 <input type="checkbox"/> G _____
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2.21 1	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.202 <input type="checkbox"/> G _____
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2.21 2	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.206 <input type="checkbox"/> G _____
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2.21 3	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.207 <input type="checkbox"/> G _____
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2.21 4	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.208 <input type="checkbox"/> G _____
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Debtor **Adeptus Health LLC**

Case number (if known) _____

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2.21 5	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.209 <input type="checkbox"/> G _____
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2.21 6	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.210 <input type="checkbox"/> G _____
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2.21 7	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.211 <input type="checkbox"/> G _____
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2.21 8	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.212 <input type="checkbox"/> G _____
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2.21 9	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.213 <input type="checkbox"/> G _____
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2.22 0	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.214 <input type="checkbox"/> G _____
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2.22 1	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.215 <input type="checkbox"/> G _____
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2.22 2	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.216 <input type="checkbox"/> G _____
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2.22 3	First Choice ER, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.217 <input type="checkbox"/> G _____
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2.22 4	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.208 <input type="checkbox"/> G _____
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2.22 5	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.209 <input type="checkbox"/> G _____
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2.22 6	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.210 <input type="checkbox"/> G _____
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2.22 7	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.211 <input type="checkbox"/> G _____
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2.22 8	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.212 <input type="checkbox"/> G _____
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2.22 9	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.213</u> <input type="checkbox"/> G _____
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2.23 0	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.214</u> <input type="checkbox"/> G _____
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2.23 1	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.215</u> <input type="checkbox"/> G _____
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2.23 2	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.216</u> <input type="checkbox"/> G _____
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2.23 3	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.219</u> <input type="checkbox"/> G _____
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2.23 4	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.220</u> <input type="checkbox"/> G _____
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2.23 5	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.221</u> <input type="checkbox"/> G _____
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2.23 6	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.222 <input type="checkbox"/> G _____
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2.23 7	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.223 <input type="checkbox"/> G _____
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2.23 8	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.224 <input type="checkbox"/> G _____
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2.23 9	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.225 <input type="checkbox"/> G _____
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2.24 0	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.68 <input type="checkbox"/> G _____
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2.24 1	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.120 <input type="checkbox"/> G _____
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2.24 2	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.121 <input type="checkbox"/> G _____
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2.24 3	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.122</u> <input type="checkbox"/> G _____
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2.24 4	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.123</u> <input type="checkbox"/> G _____
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2.24 5	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.124</u> <input type="checkbox"/> G _____
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2.24 6	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Mitsubishi UFJ Lease & Finance (U.S.A.)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.158</u> <input type="checkbox"/> G _____
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2.24 7	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Mitsubishi UFJ Lease & Finance (U.S.A.)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.159</u> <input type="checkbox"/> G _____
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2.24 8	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Mitsubishi UFJ Lease & Finance (U.S.A.)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.160</u> <input type="checkbox"/> G _____
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2.24 9	First Texas Hospital Carrollton LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.25 0	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.25 1	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Ameriland Enterprises LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.6</u> <input type="checkbox"/> G _____
<hr/>				
2.25 2	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	FIUSA TEXAS LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.50</u> <input type="checkbox"/> G _____
<hr/>				
2.25 3	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.205</u> <input type="checkbox"/> G _____
<hr/>				
2.25 4	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.192</u> <input type="checkbox"/> G _____
<hr/>				
2.25 5	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.193</u> <input type="checkbox"/> G _____
<hr/>				
2.25 6	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.58</u> <input type="checkbox"/> G _____

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2.25 7	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.59</u> <input type="checkbox"/> G _____
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2.25 8	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.60</u> <input type="checkbox"/> G _____
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2.25 9	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.61</u> <input type="checkbox"/> G _____
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2.26 0	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.62</u> <input type="checkbox"/> G _____
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2.26 1	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.63</u> <input type="checkbox"/> G _____
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2.26 2	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.66</u> <input type="checkbox"/> G _____
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2.26 3	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.67</u> <input type="checkbox"/> G _____
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2.26 4	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.112</u> <input type="checkbox"/> G _____
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2.26 5	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	CIT Finance LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.19</u> <input type="checkbox"/> G _____
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2.26 6	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	CIT Finance LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.20</u> <input type="checkbox"/> G _____
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2.26 7	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Huntington Technology Finance, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.141</u> <input type="checkbox"/> G _____
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2.26 8	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Huntington Technology Finance, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.142</u> <input type="checkbox"/> G _____
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2.26 9	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Huntington Technology Finance, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.143</u> <input type="checkbox"/> G _____
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2.27 0	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Mitsubishi UFJ Lease & Finance (U.S.A.)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.157</u> <input type="checkbox"/> G _____
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2.27 1	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Mitsubishi UFJ Lease & Finance (U.S.A.)	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.161</u> <input type="checkbox"/> G _____
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2.27 2	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Olympus America, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.167</u> <input type="checkbox"/> G _____
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2.27 3	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Olympus America, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.168</u> <input type="checkbox"/> G _____
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2.27 4	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Olympus America, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.169</u> <input type="checkbox"/> G _____
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2.27 5	First Texas Hospital CY-Fair LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	U.S. Bank, N.A.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.241</u> <input type="checkbox"/> G _____
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2.27 6	FM Crossing Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.78</u> <input type="checkbox"/> G _____
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2.27 7	FM Crossing Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.27 8	Friendswood Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	CJC 18-2 LLC / MTL Jamie LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.27</u> <input type="checkbox"/> G _____
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2.27 9	Friendswood Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.28 0	Frisco DNT Eldorado Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.75</u> <input type="checkbox"/> G _____
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2.28 1	Frisco DNT Eldorado Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.28 2	Frisco Preston Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.28 3	Frisco Preston Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.217</u> <input type="checkbox"/> G _____
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2.28 4	FTH Houston Partners LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.28 5	Garland Shiloh Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.79</u> <input type="checkbox"/> G _____
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2.28 6	Garland Shiloh Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.80</u> <input type="checkbox"/> G _____
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2.28 7	Garland Shiloh Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.81</u> <input type="checkbox"/> G _____
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2.28 8	Garland Shiloh Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.28 9	Gleannloch Farms Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.194</u> <input type="checkbox"/> G _____
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2.29 0	Gleannloch Farms Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.29 1	Haslet Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.97</u> <input type="checkbox"/> G _____
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2.29 2	Haslet Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.98</u> <input type="checkbox"/> G _____
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2.29 3	Haslet Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.99</u> <input type="checkbox"/> G _____
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2.29 4	Haslet Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.29 5	Helotes Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.109</u> <input type="checkbox"/> G _____
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2.29 6	Helotes Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.110</u> <input type="checkbox"/> G _____
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2.29 7	Helotes Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.29 8	Hickory Creek Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Huntington Technology Finance, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.140</u> <input type="checkbox"/> G _____
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2.29 9	Hickory Creek Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	FM2181-IH 35 LOT 3 LTD	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.51</u> <input type="checkbox"/> G _____
<hr/>				
2.30 0	Hickory Creek Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.30 1	Highland Village Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.71</u> <input type="checkbox"/> G _____
<hr/>				
2.30 2	Highland Village Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.105</u> <input type="checkbox"/> G _____
<hr/>				
2.30 3	Highland Village Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.106</u> <input type="checkbox"/> G _____
<hr/>				
2.30 4	Highland Village Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.30 5	Hilliard Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				

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2.30 6	Houston 9520 Jones Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	PASATIEMPO APARTMENTS	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.171</u> <input type="checkbox"/> G _____
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2.30 7	Houston 9520 Jones Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.195</u> <input type="checkbox"/> G _____
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2.30 8	Houston 9520 Jones Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Huntington Technology Finance, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.145</u> <input type="checkbox"/> G _____
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2.30 9	Houston 9520 Jones Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Huntington Technology Finance, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.146</u> <input type="checkbox"/> G _____
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2.31 0	Houston 9520 Jones Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Huntington Technology Finance, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.147</u> <input type="checkbox"/> G _____
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2.31 1	Houston 9520 Jones Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.31 2	Katy ER Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.31 3	Katy ER Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.196 <input type="checkbox"/> G _____
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2.31 4	Katy ER Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.197 <input type="checkbox"/> G _____
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2.31 5	Katy ER Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.198 <input type="checkbox"/> G _____
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2.31 6	Kingwood Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.103 <input type="checkbox"/> G _____
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2.31 7	Kingwood Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D 2.1 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.31 8	Kuykendahl Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.55 <input type="checkbox"/> G _____
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2.31 9	Kuykendahl Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D 2.1 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.32 0	La Porte Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.32 1	Lake Highlands Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	CCMR 18 LLC, RLC JENNA 18 LLC, & RLC JUS	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.15</u> <input type="checkbox"/> G _____
<hr/>				
2.32 2	Lake Highlands Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.32 3	Lakewood Forest Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Cypress Village, Cypress TX, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.34</u> <input type="checkbox"/> G _____
<hr/>				
2.32 4	Lewisville Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.85</u> <input type="checkbox"/> G _____
<hr/>				
2.32 5	Little Elm FM 423 Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.83</u> <input type="checkbox"/> G _____
<hr/>				
2.32 6	Little Road Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

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2.32 7	Little Road Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Putnam Avenue Properties, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.176</u> <input type="checkbox"/> G _____
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2.32 8	Little Road Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.218</u> <input type="checkbox"/> G _____
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2.32 9	Little Road Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.115</u> <input type="checkbox"/> G _____
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2.33 0	Little Road Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.116</u> <input type="checkbox"/> G _____
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2.33 1	Little Road Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.117</u> <input type="checkbox"/> G _____
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2.33 2	Mansfield Walnut Creek	Medical Center LLC 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.82</u> <input type="checkbox"/> G _____
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2.33 3	Mansfield Walnut Creek	Medical Center LLC 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Snyder Family Trust	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.230</u> <input type="checkbox"/> G _____
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2.33 4	Matlock Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.88</u> <input type="checkbox"/> G _____
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2.33 5	Matlock Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.89</u> <input type="checkbox"/> G _____
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2.33 6	Matlock Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	K&E Limited Partnership	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.150</u> <input type="checkbox"/> G _____
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2.33 7	Matlock Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.33 8	McKinney 5000 El Dorado	Medical Center LLC 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.100</u> <input type="checkbox"/> G _____
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2.33 9	McKinney 5000 El Dorado	Medical Center LLC 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	CIT Finance LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.25</u> <input type="checkbox"/> G _____
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2.34 0	McKinney 5000 El Dorado	Medical Center LLC 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.34 1	Medical Center of Spring	Rayford Richards LLC 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	FIUSA TEXAS LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.50</u> <input type="checkbox"/> G _____
<hr/>				
2.34 2	Medical Center of Spring	Rayford Richards LLC 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.34 3	Mesquite Town East Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	WOLDERT RENTALS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.251</u> <input type="checkbox"/> G _____
<hr/>				
2.34 4	Mesquite Town East Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.34 5	National Medical Professionals	Specialists LLC 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.34 6	National Medical Professionals of	Arizona LLC 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.34 7	National Medical Professionals of	Greater Texas LLC 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

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2.34 8	National Medical Professionals of	Houston LLC 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.34 9	National Medical Professionals of	Texas LLC 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.35 0	North Dallas Tollway Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.84</u> <input type="checkbox"/> G _____
<hr/>				
2.35 1	North Dallas Tollway Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Wenzhold, LP	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.248</u> <input type="checkbox"/> G _____
<hr/>				
2.35 2	Northwest Harris County	Medical Center LLC 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.65</u> <input type="checkbox"/> G _____
<hr/>				
2.35 3	Northwest Harris County	Medical Center LLC 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.107</u> <input type="checkbox"/> G _____
<hr/>				
2.35 4	Northwest Harris County	Medical Center LLC 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.108</u> <input type="checkbox"/> G _____

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2.35 5	Northwest Harris County	Medical Center LLC 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	28606 Northwest Freeway Cypress TX, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.1</u> <input type="checkbox"/> G _____
<hr/>				
2.35 6	Northwest Harris County	Medical Center LLC 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.35 7	NRH Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	HSM CROSSING LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.139</u> <input type="checkbox"/> G _____
<hr/>				
2.35 8	NRH Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.35 9	OpFree Licensing LP	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.36 0	OpFree RE Investments, Ltd.	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.36 1	Pearland Sunrise Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

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2.36 2	Pearland Sunrise Medical Center, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Rebound Retail LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.178</u> <input type="checkbox"/> G _____
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2.36 3	Pearland Sunrise Medical Center, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.199</u> <input type="checkbox"/> G _____
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2.36 4	Pflugerville Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.36 5	Potranco Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.36 6	Potranco Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Xite Realty, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.252</u> <input type="checkbox"/> G _____
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2.36 7	Potranco Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.94</u> <input type="checkbox"/> G _____
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2.36 8	Potranco Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.95</u> <input type="checkbox"/> G _____
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2.36 9	Potranco Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.96 <input type="checkbox"/> G _____
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2.37 0	Rosenberg Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.72 <input type="checkbox"/> G _____
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2.37 1	Rosenberg Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.101 <input type="checkbox"/> G _____
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2.37 2	Rosenberg Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.102 <input type="checkbox"/> G _____
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2.37 3	Rosenberg Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D 2.1 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.37 4	Samuel Farm Medical Center, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	MBH Mesquite LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.155 <input type="checkbox"/> G _____
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2.37 5	Samuel Farm Medical Center, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.118 <input type="checkbox"/> G _____
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2.37 6	Samuel Farm Medical Center, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.119 <input type="checkbox"/> G _____
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2.37 7	Samuel Farm Medical Center, LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D 2.1 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.37 8	San Antonio Nacogdoches	Medical Center LLC 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.86 <input type="checkbox"/> G _____
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2.37 9	San Antonio Nacogdoches	Medical Center LLC 220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D 2.1 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.38 0	Sienna Plantation Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D 2.1 <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.38 1	Sienna Plantation Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.200 <input type="checkbox"/> G _____
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2.38 2	Sienna Plantation Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SCG Capital Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.201 <input type="checkbox"/> G _____
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2.38 3	SSH Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	SAHM Properties Woodland Hills LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.183</u> <input type="checkbox"/> G _____
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2.38 4	Sterling Ridge Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	HKM California Properties LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.137</u> <input type="checkbox"/> G _____
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2.38 5	Sterling Ridge Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.38 6	Summerwood Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.90</u> <input type="checkbox"/> G _____
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2.38 7	Summerwood Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.91</u> <input type="checkbox"/> G _____
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2.38 8	Summerwood Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.92</u> <input type="checkbox"/> G _____
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2.38 9	Summerwood Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.93</u> <input type="checkbox"/> G _____
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Column 1: Codebtor

Column 2: Creditor

2.39 0	Summerwood Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.39 1	WC Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.87</u> <input type="checkbox"/> G _____
<hr/>				
2.39 2	WC Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.39 3	WCB Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	WFC Beach Western Commons LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.249</u> <input type="checkbox"/> G _____
<hr/>				
2.39 4	WCB Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	GE HFS, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.113</u> <input type="checkbox"/> G _____
<hr/>				
2.39 5	WCB Medical Center LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Deerfield Partners L.P.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.39 6	ECC Management LLC	220 East Las Colinas Boulevard Suite 1000 Irving, TX 75039	Scimage	<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G <u>2.23</u>
<hr/>				

Debtor **Adeptus Health LLC**

Case number (if known) _____

Additional Page to List More Codebtors**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.***Column 1: Codebtor**Column 2: Creditor*

2.39 **First Texas** **220 East Las Colinas Boulevard**
 7 **Hospital CY-Fair** **Suite 1000**
 LLC **Irving, TX 75039**

Morrison Law Firm☐ D _____☐ E/F _____☒ G **2.14** _____

Fill in this information to identify the case:Debtor name Adeptus Health LLCUnited States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****Sources of revenue**
Check all that apply**Gross revenue**
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**
From **1/01/2020** to **Filing Date**☒ Operating a business
☐ Other _____**\$62,533,647.76****For prior year:**
From **1/01/2019** to **12/31/2019**☒ Operating a business
☐ Other _____**\$172,749,057.15****For year before that:**
From **1/01/2018** to **12/31/2018**☒ Operating a business
☐ Other _____**\$229,684,411.13****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**From the beginning of the fiscal year to filing date:**
From **1/01/2020** to **Filing Date****Other Revenues and Sublease Income****\$15,401,179.05****For prior year:**
From **1/01/2019** to **12/31/2019****Other Revenues and Sublease Income****\$32,193,794.39****For year before that:**
From **1/01/2018** to **12/31/2018****Other Revenues and Sublease Income****\$7,714,282.44****Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

Debtor **Adeptus Health LLC**

Case number (if known) _____

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Deerfield Partners L.P. Attn: David J. Clark 780 Third Avenue 37th Floor New York, NY 10017	11/25/2020 12/09/2020	\$1,332,500.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.2. Deerfield Private Design Fund IV, L.P. Attn: David J. Clark 780 Third Avenue 37th Floor New York, NY 10017	11/25/2020 11/30/2020 12/09/2020	\$2,968,824.51	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.3. ALVAREZ & MARSAL HEALTHCARE IND. GROUP 600 MADISON AVE 8TH FLOOR NEW YORK, NY 10022	10/01/2020 11/02/2020 11/18/2020	\$1,713,423.36	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.4. AMERICAN EXPRESS PO BOX 650448 DALLAS, TX 75265-0448	09/25/2020 10/29/2020 11/25/2020 12/11/2020	\$114,612.69	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.5. BLUE & CO LLC 2712 SOLUTION CENTER CHICAGO, IL 60677-2007	09/11/2020 09/18/2020 12/02/2020	\$19,301.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.6. COMPUTER PROGRAMS AND SYSTEMS INC TRUBRIDGE LLC / EVIDENT LLC 6600 WALL ST MOBILE, AL 36695	09/21/2020 10/28/2020 11/20/2020	\$259,308.95	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.7. CONCUR TECHNOLOGIES INC 62157 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	09/11/2020 10/19/2020 11/13/2020	\$18,300.91	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.8. DARRELL Y CALDERON RNC MEDICAL PLLC 4402 MOUNTWOOD ST HOUSTON, TX 77018	09/11/2020 09/25/2020	\$7,250.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **Adeptus Health LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. EQUIPMENT PLACEMENT SERVICES INC 107 FM 3059 STREETMAN, TX 75859	09/11/2020 10/02/2020 10/08/2020 10/19/2020 10/30/2020	\$22,945.69	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.10 FRIEDMAN & FEIGER LLP 5301 SPRING VALLEY RD STE 200 DALLAS, TX 75254	09/25/2020 10/30/2020 11/13/2020 12/02/2020	\$15,385.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.11 HILL AND KNOWLTON STRATEGIES, LLC. 825 3RD AVENUE NEW YORK, NY 10022	10/19/2020 10/30/2020	\$15,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.12 ICIMS, INC. 90 MATAWAN ROAD 5TH FLOOR MATAWAN, NJ 07747	9/18/2020	\$37,204.73	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.13 INTEGRATED SUPPORT SOLUTIONS INC (ISSI) 5950 CANOGA AVE STE 420 WOODLAND HILLS, CA 91367	10/19/2020 10/30/2020 10/30/2020 11/20/2020	\$51,922.38	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.14 IRON MOUNTAIN DATA CENTERS LLC PO BOX 601002 PASADENA, CA 91189-1002	10/02/2020 10/19/2020 10/30/2020 11/24/2020 11/13/2020	\$248,739.68	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.15 Katten Muchin Rosenman LLP ATTN: Mark D. Wood ATTN: Kristopher J. Ring 525 West Monroe Street Chicago, IL 60661-3693	10/02/2020 10/23/2020	\$23,537.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.16 LIBBY SPARKS WILLIS STARNES PLLC 5950 BERKSHIRE LN STE 200 DALLAS, TX 75225	09/18/2020 11/06/2020 11/13/2020	\$14,780.46	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__
3.17 MARSH USA INC PO BOX 846015 DALLAS, TX 75284-6015	09/17/2020 10/08/2020 10/19/2020 10/23/2020	\$3,220,593.50	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

Debtor **Adeptus Health LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.18 MARSHALL L GARRETT MD PA 17819 COUNTRY HLS TOMBALL, TX 77377	09/25/2020 10/19/2020 10/23/2020 10/30/2020	\$110,270.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.19 MAY, POTENZA, BARAN & GILLESPIE, P.C 201 NORTH CENTRAL AVENUE #2200 PHOENIX, AZ 85004-0022	10/19/2020 11/13/2020 12/11/2020	\$9,395.14	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.20 MD EMR CONSULTING INC 3205 MINERAL CREEK CT LEAGUE CITY, TX 77573	10/23/2020	\$7,250.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.21 MP2 Energy Texas LLC 21 Waterway Ave. Suite 450 The Woodlands, TX 77380	09/11/2020 09/18/2020 10/02/2020 10/08/2020 10/19/2020 10/23/2020 10/30/2020 11/13/2020	\$86,437.88	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.22 NORTON ROSE FULBRIGHT US LLP Attn: Louis R. Strubeck, Jr. 2200 Ross Avenue Suite 3600 Dallas, TX 75201-7932	09/17/2020 10/29/2020 11/20/2020 12/09/2020	\$463,891.99	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.23 PARAGON HOSPITALISTS LLC 10200 SIX PINES DR #543 SHENANDOAH, TX 77380	09/11/2020 11/20/2020	\$52,499.99	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.24 PROTIVITI INC 2613 CAMINO RAMON SAN RAMON, CA 94583	09/11/2020 10/08/2020 10/23/2020	\$49,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.25 SCIMAGE, INC 4916 EL CAMINO REAL LOS ALTOS, CA 94022	09/18/2020 10/19/2020 09/18/2020 09/25/2020 09/18/2020 10/05/2020 10/19/2020 10/23/2020 11/06/2020	\$163,319.43	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **Adeptus Health LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.26 SECURITY RECONNAISSANCE TEAM INC 2809 REGAL RD STE 103 PLANO, TX 75075	09/18/2020	\$12,123.73	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.27 SUPREME ROOFING LP PO BOX 610461 DALLAS, TX 75261-0461	9/18/2020 10/02/2020	\$9,120.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.28 SUTHERLAND HEALTHCARE SOLUTIONS INC PO BOX 8500 PHILADELPHIA, PA 19178-8226	09/11/2020 10/02/2020 10/23/2020 10/02/2020 10/23/2020 10/02/2020	\$103,332.60	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.29 THE MEDICAL PROTECTIVE COMPANY 5814 REED RD FORT WAYNE, IN 46835	09/18/2020 10/08/2020 11/13/2020	\$26,482.71	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.30 TOM RHOADES LLC 4306 VALLEY RIDGE DALLAS, TX 75220	10/02/2020 10/08/2020 11/06/2020 12/02/2020 12/11/2020	\$42,171.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.31 T-SYSTEM, INC PO BOX 122537 DEPT 2537 DALLAS, TX 75312-2537	09/11/2020 09/18/2020 10/08/2020 10/19/2020 10/23/2020 11/06/2020	\$259,159.67	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.32 VVC HOLDING CORP VIRENCE HEALTH TECHNO PO BOX 840952 DALLAS, TX 75284-0952	10/30/2020 12/02/2020	\$12,600.12	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.33 WEAVER JOHNSTON & NELSON PLLC 10440 N. Central Expressway Suite 1400 Dallas, TX 75231	09/25/2020 10/08/2020 10/23/2020 11/20/2020 12/02/2020	\$36,547.05	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.34 Parma Mandalay Tower, LLC ATTN: Property Manager C/O Parmenter 220 East Las Colinas Blvd. Suite 150 Irving, TX 75039	09/03/2020 10/01/2020 12/11/2020	\$2,997,247.13	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **Adeptus Health LLC**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.35 Meritain Health 300 Corporate Parkway Amherst, NY 14226	09/11/2020 10/09/2020 11/13/2020 11/24/2020 12/01/2020 12/08/2020 11/24/2020 12/01/2020	\$102,049.81	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.36 TEG Holdings, Inc. d/b/a The Encompass Group 405 STATE HIGHWAY 121 BYPASS SUITE D120 LEWISVILLE, TX 75067	09/08/2020 10/07/2020 11/09/2020 12/07/2020	\$325,053.24	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.37 Cascade Capital 1670 Corporate Circle Suite 202 Petaluma, CA 94954	11/20/2020 12/03/2020	\$28,094.19	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.38 PIPELINE EAST DALLAS 9440 Poppy Dr Dallas, TX 75218	12/09/2020	\$20,825.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>TO FORMER JV PARTNER - SHARE OF VENDOR TERM FEE</u>
3.39 KIRKLAND & ELLIS LLP 300 N LASALLE DR Chicago, IL 60654	12/11/2020	\$45,953.23	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Deerfield Partners L.P. Attn: David J. Clark 780 Third Avenue 37th Floor New York, NY 10017 Secured Creditor and Equity Holder	06/12/2020	\$61,100,000.00	Assignment of interest in and rights to receive payments per purchase and sale agreement between Adeptus Health Colorado Holdings as seller and University of Colorado Health as purchaser to Deerfield Private Design Fund IV

Debtor **Adeptus Health LLC**

Case number (if known) _____

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.2. Alvarez & Marsal Healthcare Industry Group LLC Attn: Martin McGahan 600 Madison Avenue, 7th Floor New York, NY 10022 Consulting/Interim Management	12/30/2019 01/31/2020 02/26/2020 04/14/2020 04/21/2020 05/07/2020 05/22/2020 06/23/2020 07/20/2020 08/20/2020	\$1,225,000.00	Consulting - Interim President/CEO Fees
4.3. Alvarez & Marsal Healthcare Industry Group LLC Attn: Martin McGahan 600 Madison Avenue, 7th Floor New York, NY 10022 Consulting/Interim Management	12/30/2019 01/31/2020 02/26/2020 04/14/2020 04/21/2020 05/07/2020 05/22/2020 06/23/2020 07/20/2020 08/20/2020	\$2,613,418.00	Consulting - PMO Fees
4.4. Alvarez & Marsal Healthcare Industry Group LLC Attn: Martin McGahan 600 Madison Avenue, 7th Floor New York, NY 10022 Consulting/Interim Management	12/30/2019 01/31/2020 02/26/2020 04/14/2020 04/21/2020 05/07/2020 05/22/2020 06/23/2020 07/20/2020 08/20/2020	\$3,991,061.94	Consulting - Revenue Cycle Management Fees
4.5. Alvarez & Marsal Healthcare Industry Group LLC Attn: Martin McGahan 600 Madison Avenue, 7th Floor New York, NY 10022 Consulting/Interim Management	04/21/2020 05/07/2020 05/22/2020 06/23/2020 07/20/2020	\$552,447.10	Consulting - City Hospital (JV) Interim CFO Fees
4.6. DEERFIELD DISCOVERY AND DEVELOPMENT LLC 780 THIRD AVE 37TH FL NEW YORK, NY 10017 Affiliate of Secured Creditor and Equity Holder	04/09/2020 04/16/2020 05/22/2020 07/02/2020 07/10/2020	\$243,119.39	Medical Supplies/PPE
4.7. LEANNE ZUMWALT 7425 E GAINEY RANCH RD #19 SCOTTSDALE, AZ 85258 Member - Board of Directors	12/20/2019 02/14/2020	\$21,487.89	BOARD OF DIRECTORS - compensation and expenses

Debtor **Adeptus Health LLC**

Case number (if known)

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.8. NORTON ROSE FULBRIGHT US LLP 2200 Ross Avenue Suite 3600 Dallas, TX 75201-7932 Corporate Legal and Bankruptcy Counsel	05/18/2020 12/20/2019 12/27/2019 02/20/2020 06/02/2020 06/23/2020 07/13/2020 07/29/2020 08/18/2020	\$1,883,136.00	Corporate Legal Counsel Services and Bankruptcy Legal Counsel Services
4.9. Deerfield Private Design Fund IV, L.P. Attn: David J. Clark 780 Third Avenue 37th Floor New York, NY 10017 Secured Creditor and Equity Holder	06/12/2020	\$13,900,000.00	Assignment of interest in and rights to receive payments per Membership Agreement between Adeptus Health Phoenix Holdings LLC as seller and Dignity Health as purchaser, as well as the Dignity Health Promissory Note made by Dignity Health for Adeptus Phoenix and a Loan agreement between AGH Phoenix and Adeptus Phoenix

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
Deerfield Private Design Fund IV, L.P. Attn: David J. Clark 780 Third Avenue 37th Floor New York, NY 10017	Assignment of interest in and rights to receive payments per purchase and sale agreement between Adeptus Health Colorado Holdings as seller and University of Colorado Health as purchaser to Deerfield Private Design Fund IV	06/12/2020	\$61,100,000.00
Deerfield Private Design Fund IV, L.P. Attn: David J. Clark 780 Third Avenue 37th Floor New York, NY 10017	Assignment of interest in and rights to receive payments per Membership Agreement between Adeptus Health Phoenix Holdings LLC as seller and Dignity Health as purchaser, as well as the Dignity Health Promissory Note made by Dignity Health for Adeptus Phoenix and a Loan agreement between AGH Phoenix and Adeptus Phoenix	06/12/2020	\$13,900,000.00

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

Debtor **Adeptus Health LLC**

Case number (if known)

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	SAHM Properties v. SSH Medical Center LLC, D/B/A First Choice Emergency Room & First Choice ER, LLC Cause No. DC-20-08425	Breach of commercial lease	212nd District Court of Galveston County 722 Moody Avenue Galveston, TX 77550	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Cypress Village. Cypress, TX, LLC v. Lakewood Forest Medical Center, LLC Cause No. 1151159	Civil-Breach of a commercial lease	County Court at Law, No. 2 of Harris Co. Harris County Civil Courthouse 201 Caroline Street Suite 740 Houston, TX 77002-1900	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3.	Cypress Village. Cypress, TX, LLC v. Lakewood Forest Medical Center, LLC Cause No. 202052859	Civil-Breach of a commercial lease	80th Judicial Court of Harris Co., TX Harris County Civil Courthouse 201 Caroline Street 9th Floor Houston, TX 77002	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	Xite Realty LLC v. Potranco Medical Center, LLC Cause No. DC-20-08425	Civil-Breach of a realty broker's commission agreement.	191st District Court of Dallas Co., TX George L. Allen Sr. Courts Building 600 Commerce Street 7th Floor New Tower Dallas, TX 75202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	Ameriland Interprise, LLC v. ADPT-Houston RE Holdings LLC & First Texas Hospital Cyfair, LLC Cause No. 202048599	Civil-Breach of a commercial lease	66th District Court of Harris Co, TX Harris County Civil Courthouse 201 Caroline Street 9th Floor Houston, TX 77002	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	First Texas Hospital Carrollton, LLC, et al v. Jordan Fowler, et al Cause No. DC-20-04238-B	Civil-Failure to make payments and take assignments of equipment.	44th District Court of Dallas Co, TX George L. Allen Sr. Courts Building 600 Commerce Street 5th Floor New Tower Dallas, TX 75202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7.	7068 - CCMR 18, LLC v Lake Highlands Medical Center et al Cause No. DC-19-17806	Civil-Breach of a commercial lease	95th District Court of Dallas Co., TX George L. Allen, Sr. Courts Bulding 600 Commerce Street 6th Floor New Tower Dallas, TX 75202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **Adeptus Health LLC**

Case number (if known)

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.8.	7238 - Synder Family Trust v. Adeptus, et al Cause No. 2020-001241-3	Civil-Breach of a commercial lease	County Court at Law No. 3 Tarrant Co. TX 1895 Tarrant County Courthouse 100 W. Weatherford Street Room 290A Fort Worth, TX 76196-0249	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.9.	7239 - K&E Lmt Partnership v. Matlock, et al Cause No. 348-315808-20	Civil-Breach of a commercial lease	348th Judicial Dist. Tarrant Co., TX Tom Vandergriff Civil Courthouse 100 N. Calhoun Street 3rd Floor Fort Worth, TX 76196	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.10	7449 - HSM Crossing v. First Choice ER, et al Cause No. 141-318000-20	Civil-Breach of a commercial lease	141st Judicial Dist. Tarrant Co., TX Tom Vandergriff Civil Courthouse 100 N. Calhoun Street 3rd Floor Fort Worth, TX 76196	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.11	HKM California Properties , LLC v. Adeptus Health LLC, First Choice ER LLC, ADPT Houston RE Holdings LLC, Sterling Ridge Medical Center, LLC Case no. 20-11-13555	Civil-Breach of a commercial lease	284th Judicial Dist. Crt. Montgomery Co. 301 North Main Street Suite 201 Conroe, TX 77301	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.12	HKM California Properties , LLC v. Adeptus Health LLC, First Choice ER LLC, ADPT Houston RE Holdings LLC, Sterling Ridge Medical Center, LLC Case no. 20-11-13555	Civil-Recovery of delinquent payments to the Dallas County Hospital District Local Provider Participation Fund	14th Judicial District Dallas Co., TX George L. Allen, Sr. Courts Building 600 Commerce Street 5th Floor New Tower Dallas, TX 75202	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.13	Cekosh v. Bade et al. N/A	Civil-Medical Malpractice	N/A	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.14	Mays v. First Choice, et al. N/A	Civil-Medical Malpractice	N/A	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.15	Charles S N/A	Civil-Medical Malpractice	N/A	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.16	Celedon N/A	Civil-Medical Malpractice	N/A	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.17	Budnick N/A	Civil-Improper termination of employment contract	N/A	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.18	Olson N/A	Civil-Breach of FMLA	N/A	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.19	Scarborough N/A	Civil-NMP physician failed to accept proposed settlement agreement and filed AHILA arbitration	N/A	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.20	Diner N/A	Civil-NMP physician failed to accept proposed settlement agreement and is demanding payment for shifts that were scheduled but not worked	N/A	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.21	McAdams N/A	Civil-Improper termination of employment contract. Mediation was held on September 23, 2020. Did not come to a settlement.	N/A	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☐ None

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	Project Cure 10377 E. Geddes Avenue Centennial, CO 80112	Miscellaneous supplies and minimal furniture	Aug. 2020	Unknown
	Recipients relationship to debtor			
9.2.	Healing Streams Ministries 13237 Kluge Rd Cypress, TX 77429	Miscellaneous supplies and minimal furniture	Aug. 2020	Unknown
	Recipients relationship to debtor			

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
Damaged medical equipment due to fire	N/A -Unable to obtain value - claim was denied	1/6/2020	Unknown
Damage due to water leak	N/A - Unable to obtain value - claim was denied	7/5/2020	Unknown
Damage due to water leak	N/A -Unable to obtain value - claim was denied	8/18/2020	Unknown

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy¹**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

¹ While Norton Rose Fulbright (NRF) and Alvarez & Marsal (Alvarez) both have provided legal and advisory services related to bankruptcy within the last year, prior to November, 2020, most of the services provided by these professionals were **not** specifically related to bankruptcy matters and instead involved a wide range of services, including operational, ERISA and employment, litigation and related dispute resolution, contractual and lease disputes, COVID-19 subsidies and corporate and other transactional matters. Since NRF and Alvarez have provided bankruptcy related services to the Debtor, in an abundance of caution and in order to insure full and complete disclosure, all payments to these professionals during the year preceding the filing of the bankruptcy petition by the debtor, are listed in response to this section.

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		12/30/2019	\$415,855.75
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.2.	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		12/30/2019	\$35,000.00
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.3.	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		12/30/2019	\$462,921.78
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.4.	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		12/30/2019	\$35,000.00
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.5.	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		1/31/2020	\$105,000.00
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.6.	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		1/31/2020	\$105,000.00
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.7.	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		1/31/2020	\$330,696.28
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.8.	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		1/31/2020	\$446,526.54
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.9.	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		2/26/2020	\$421,396.76
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.10	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		2/26/2020	\$119,753.38
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.11	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		2/26/2020	\$107,731.55
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.12	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		2/26/2020	\$327,758.13
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.13	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		4/14/2020	\$112,983.02
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.14	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		4/14/2020	\$106,242.14
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.15	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		4/14/2020	\$324,303.65
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.16	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		4/14/2020	\$450,987.34
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.17	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		4/21/2020	\$419,871.23
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.18	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		4/21/2020	\$113,299.82
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.19	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		4/21/2020	\$105,022.61
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.20	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		4/21/2020	\$334,548.57
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.21	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		4/21/2020	\$60,825.82
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.22	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		4/21/2020	\$126,384.19
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.23	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		5/7/2020	\$431,509.83
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.24	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		5/7/2020	\$105,835.93
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.25	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		5/7/2020	\$105,000.00
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.26	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		5/7/2020	\$301,617.40
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.27	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		5/7/2020	\$120,515.35
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.28	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		5/22/2020	\$319,901.40
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.29	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		5/22/2020	\$40,000.00
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.30	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		5/22/2020	\$152,201.32
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.31	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		5/22/2020	\$120,045.14
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.32	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		6/23/2020	\$319,088.06
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.33	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		6/23/2020	\$40,021.37
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.34	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		6/23/2020	\$152,081.07
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.35	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		6/23/2020	\$120,052.06
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.36	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		7/20/2020	\$319,184.58
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.37	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		7/20/2020	\$40,000.00
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.38	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		7/20/2020	\$152,137.26
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.39	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		7/20/2020	\$65,450.36
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.40	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		8/20/2020	\$116,080.84
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.41	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		8/20/2020	\$294,096.51
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.42	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		10/1/2020	\$294,119.00
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.43	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		10/1/2020	\$116,089.63
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.44	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		11/2/2020	\$392,399.54
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.45	ALVAREZ & MARSAL HEALTHCARE INDUSTRY GROUP LLC 600 MADISON AVE 8th FLOOR NEW YORK, NY 10022		11/18/2020	\$910,815.19
	Email or website address www.alvarezandmarsal.com			
	Who made the payment, if not debtor?			
11.46	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		12/20/2019	\$64,552.90
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.47	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		12/27/2019	\$39,097.47
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.48	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		12/27/2019	\$2,123.25
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.49	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		12/27/2019	\$13,105.00
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.50	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		12/27/2019	\$1,170.00
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.51	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		2/20/2020	\$2,070.00
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.52	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		2/20/2020	\$42,628.85
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.53	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		2/20/2020	\$960.00
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.54	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		2/20/2020	\$784.44
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.55	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		2/20/2020	\$23,969.60
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.56	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		2/20/2020	\$495.75
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.57	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		2/20/2020	\$152.50
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.58	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		2/20/2020	\$20,234.60
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.59	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		2/20/2020	\$180.00
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.60	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		2/20/2020	\$8,383.50
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.61	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		2/20/2020	\$540.00
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.62	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		2/20/2020	\$405.00
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.63	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		5/18/2020	\$209,519.40
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.64	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		5/18/2020	\$500,000.00
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.65	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		5/18/2020	\$391,939.17
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.66	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		6/2/2020	\$161,835.50
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.67	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		6/23/2020	\$118,401.00
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.68	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		7/13/2020	\$16,795.30
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.69	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		7/13/2020	\$113,945.92
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.70	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		7/29/2020	\$89,844.00
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.71	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		8/18/2020	\$24,522.35
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.72	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		8/18/2020	\$805.00
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.73	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		8/18/2020	\$34,675.50
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.74	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		9/17/2020	\$22,533.15
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.75	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		9/17/2020	\$68,482.50
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			
11.76	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		10/29/2020	\$107,440.90
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.77	NORTON ROSE FULBRIGHT US LLP 1301 MCKINNEY STE 5100 HOUSTON, TX 77010		11/20/2020	\$114,713.00
	Email or website address www.nortonrosefulbright.com			
	Who made the payment, if not debtor?			

11.78	EPIQ BANKRUPTCY SOLUTIONS LLC 777 THIRD AVE 12TH FLOOR NEW YORK, NY 10017		4/3/2020	\$13,659.78
	Email or website address www.epiqglobal.com			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	Cascade Capital LLC 1670 Corporate Circle Suite 202 Petaluma, CA 94954	All remaining Accounts Receivable, including Active AR and Bad Debt - FSED AR. Purchase Price: \$132,000; \$8,655,201.91 Gross.	9/28/2020	\$132,000.00
	Relationship to debtor Asset Purchaser			
13.2	Dignity 9130 E Elliot Rd Mesa, AZ 85212	Accounts Receivable related to Arizona JV Operations	9/21/2020	\$1,045,454.00
	Relationship to debtor Former JV Partner			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.3	Altus Community Healthcare LP 1535 West Loop S Suite 410 Houston, TX 77027	Equipment, Furniture, Supplies - First Texas Hospital CyFair	11/06/2020	\$215,000.00
	Relationship to debtor No Relationship; Sourced Buyer			
13.4	Laporte RapidCare ER LLC 1220 W Fairmont Pkwy La Porte, TX 77571	Equipment, Furniture, Supplies - First Texas Hospital CyFair	09/10/2020	\$32,500.00
	Relationship to debtor No Relationship; Sourced Buyer			
13.5	HOPE EMERGENCY ROOM PLLC 2111 E DENMAN AVE Lufkin, TX 75901	Equipment, Furniture, Supplies - First Texas Hospital CyFair	Aug. 2020	\$1,500.00
	Relationship to debtor No Relationship; Sourced Buyer			
13.6	Post Oak ER PLLC 5018 San Felipe St Houston, TX 77056	Equipment, Furniture, Supplies - First Texas Hospital CyFair	09/29/2020	\$35,000.00
	Relationship to debtor No Relationship; Sourced Buyer			
13.7	Community ER 837 Cypress Creek Parkway Houston, TX 77090	Equipment, Furniture, Supplies - First Texas Hospital CyFair	Aug. 2020	\$22,500.00
	Relationship to debtor No Relationship; Sourced Buyer			
13.8	Atascocita Emergency Center LLC c/o Round Table Medical Consultants, LLC 11490 Westheimer Road Suite 1000 Houston, TX 77077	Equipment, Furniture, Supplies - First Texas Hospital CyFair	08/31/2020	\$27,000.00
	Relationship to debtor No Relationship; Sourced Buyer			

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.9	Ethicus Hospital DFW, LLC c/o PSN Services, LLC Attn: Jordan Fowler 1707 Market Place Blvd., Ste 300 Irving, TX 75063	Equipment, Furniture, Supplies - First Texas Hospital Carrollton Value: 0, with assumption of select liabilities per APA	8/19/2019	\$0.00
	Relationship to debtor No Relationship; Sourced Buyer			
13.1 0.	Plains ER Management Austin, Ltd. ATTN: Dan Akers 1551 W. Central Avenue Temple, TX 76504	Assets, Operations, and select Assumed Liabilities for East Riverside Medical Center LLC per APA (First Choice ER)	10/02/2019	\$477,055.17
	Relationship to debtor No Relationship; Sourced Buyer			
13.1 1.	PIPELINE HEALTH SYSTEM HOLDINGS, LLC 9440 Poppy Drive Dallas, TX 75218	Equipment, Furniture, Supplies, and Accounts Receivable from Dallas JV operations	07/07/2020	\$0.00
	Relationship to debtor Former JV Partner			
13.1 2.	Prestige Emergency Room – Potranco, LLC 738 W Loop 1604 N. San Antonio, TX 78251	Equipment, Furniture, Supplies - POTRANCO MEDICAL CENTER LLC	11/21/2019	\$12,000.00
	Relationship to debtor No Relationship; Sourced Buyer			
13.1 3.	Luke Padwick, MD 13435 US Hwy. 183 N. #311 Austin, TX 78750	Equipment, Furniture, Supplies - First Choice ER	08/24/2019	\$204,400.00
	Relationship to debtor No Relationship; Sourced Buyer			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
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Debtor **Adeptus Health LLC**

Case number (if known)

	Address	Dates of occupancy From-To
14.1.	2941 S. Lake Vista Drive Ste 200 Lewisville, TX 75067-3801	Dec-12 to Jan-18

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.	Austin Arboretum Facility AJNH Medical Center LLC 10407 Jollyville Road Austin, TX 78759	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.2.	Alvin Facility 2860 South Gordon Street Alvin, TX 77511	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.3.	Austin - Brodie Lane Facility 9312 Brodie Lane Austin, TX 78748	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.4.	Round Rock Facility 2105 E. Palm Valley Blvd Round Rock, TX 78665	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been	0 How are records kept? <i>Check all that apply:</i>

Debtor **Adeptus Health LLC**

Case number (if known) _____

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
	archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.5. Converse Facility 7898 Kitty Hawk Rd Converse, TX 78109	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.6. Barker Cypress Facility 9740 Barker Cypress Road Suite 108 Cypress, TX 77433	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.7. Northwest San Antonio Facility 5530 Tezel Road San Antonio, TX 78250-4194	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.8. San Antonio - De Zavala Rd. Facility 12805 W. Interstate 10 San Antonio, TX 78249	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.9. Pflugerville - FM 685 Facility 1501 FM 685 Parkway Pflugerville, TX 78660	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	0 How are records kept?

Debtor **Adeptus Health LLC**

Case number (if known)

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care <i>Check all that apply:</i>
15.10 Austin - Riverside Facility 2020 E. Riverside Drive Austin, TX 78741	Healthcare Services Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper 0 How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.11 Spring - Kuykendahl Facility 21301 Kuykendahl Spring, TX 77379	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper 0
15.12 Spring Rayford Facility 621 Rayford Road Spring, TX 77386	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper 0
15.13 The Woodlands/Flintridge Facility 10815 Kuykendahl Rd Spring, TX 77382	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper 0
15.14 Atascocita Facility	Healthcare Services	0

Debtor **Adeptus Health LLC**

Case number (if known)

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
5324 Atascocita Road Humble, TX 77346	<p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)</p>	<p>How are records kept? <i>Check all that apply:</i></p> <p><input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper</p>
15.15 Summerwood Facility 12665 W. Lake Houston Pkwy Houston, TX 77044	<p>Healthcare Services</p> <p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)</p>	<p>0</p> <p>How are records kept? <i>Check all that apply:</i></p> <p><input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper</p>
15.16 Rosenberg Facility 24003 Southwest Fwy Rosenberg, TX 77471	<p>Healthcare Services</p> <p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)</p>	<p>0</p> <p>How are records kept? <i>Check all that apply:</i></p> <p><input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper</p>
15.17 Houston - Jones Rd. Facility 9530 Jones Road Houston, TX 77065	<p>Healthcare Services</p> <p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)</p>	<p>0</p> <p>How are records kept? <i>Check all that apply:</i></p> <p><input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper</p>
15.18 Kingwood Facility 2158 Northpark Drive Kingwood, TX 77339	<p>Healthcare Services</p> <p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)</p>	<p>0</p> <p>How are records kept? <i>Check all that apply:</i></p> <p><input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper</p>

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.19	Cypress-Fairfield Facility 28606 Northwest Freeway Cypress, TX 77433	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.20	Katy - Mason Rd. Facility 1510 S. Mason Road Katy, TX 77450	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.21	Deer Park Facility 3701 Center Street Deer Park, TX 77536	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.22	The Woodlands - Creekside Facility 26306 Kuykendahl Road Tomball, TX 77375	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.23	The Woodlands - Creekside Facility 9922 Louetta Road Houston, TX 77070	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron	0 How are records kept? Check all that apply:

Debtor **Adeptus Health LLC**

Case number (if known)

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
		Mountain (prepaid for 10 years)	<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.24	First Texas Hospital - CyFair Facility 8929 Spring Cypress Road Spring, TX 77379	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? <i>Check all that apply:</i>
			<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.25	Briar Forest Facility 1717 Eldridge Pkwy Houston, TX 77077	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? <i>Check all that apply:</i>
			<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.26	Missouri City - Lakes Facility 4885 Hwy 6 Missouri City, TX 77459	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? <i>Check all that apply:</i>
			<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.27	Katy - Cinco Ranch Facility 9422 Spring Green Blvd Katy, TX 77494	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? <i>Check all that apply:</i>
			<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.28	Pearland - Silverlake Facility 2752 Sunrise Blvd Pearland, TX 77584	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our	0 How are records kept? <i>Check all that apply:</i>

Debtor **Adeptus Health LLC**

Case number (if known)

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.29 Richmond Facility 8111 W. Grand Parkway S. Richmond, TX 77407	Healthcare Services Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper 0
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	How are records kept? <i>Check all that apply:</i>
		<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.30 Sienna Plantation Facility 8927 Highway 6 Missouri City, TX 77459	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years) Healthcare Services	o How are records kept? <i>Check all that apply:</i>
		<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.31 Houston - Fallbrook Facility 13338 Tomball Pkwy Houston, TX 77086	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? <i>Check all that apply:</i>
		<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.32 Katy - Spring Green Facility 1713 Spring Green Blvd Katy, TX 77494	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? <i>Check all that apply:</i>
		<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.33 Cypress - Grant Rd. Facility 13105 Louetta Rd	Healthcare Services	0

Debtor **Adeptus Health LLC**

Case number (if known)

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
Cypress, TX 77429	<p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)</p>	<p>How are records kept? <i>Check all that apply:</i></p> <p><input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper</p>
15.34 Cypress Ranch Facility 20440 West Road Cypress, TX 77433	<p>Healthcare Services</p> <p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)</p>	<p>0</p> <p>How are records kept? <i>Check all that apply:</i></p> <p><input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper</p>
15.35 Conroe Facility 3840 West Davis Street Conroe, TX 77304	<p>Healthcare Services</p> <p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)</p>	<p>0</p> <p>How are records kept? <i>Check all that apply:</i></p> <p><input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper</p>
15.36 Friendswood Facility 225 E. Parkwood Avenue Friendswood, TX 77546-5145	<p>Healthcare Services</p> <p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)</p>	<p>0</p> <p>How are records kept? <i>Check all that apply:</i></p> <p><input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper</p>
15.37 San Antonio-Helotes Facility 12285 Bandera Road Helotes, TX 78023	<p>Healthcare Services</p> <p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)</p>	<p>0</p> <p>How are records kept? <i>Check all that apply:</i></p> <p><input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper</p>

Debtor **Adeptus Health LLC**

Case number (if known)

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.38	Hilliard Facility 1775 Hilliard-Rome Road Hilliard, OH 43026	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.39	La Porte Facility 1220 W. Fairmont Pkwy La Porte, TX 77571	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.40	San Antonio-Richland Hills Facility 9211 Potranco Road San Antonio, TX 78251	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.41	NMP of Arizona Facility 220 E. Las Colinas Blvd. Suite 1000 Irving, TX 75039	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.42	NMP of Colorado Facility 220 E. Las Colinas Blvd. Suite 1000 Irving, TX 75039	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron	0 How are records kept? <i>Check all that apply:</i>

Debtor **Adeptus Health LLC**

Case number (if known)

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
	Mountain (prepaid for 10 years)	<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.43 NMP Emergency Physicians Facility 220 E. Las Colinas Blvd. Suite 1000 Irving, TX 75039	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? <i>Check all that apply:</i>
		<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.44 NMP of Greater Texas 220 E. Las Colinas Blvd. Suite 1000 Irving, TX 75039	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? <i>Check all that apply:</i>
		<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.45 NMP of Houston 220 E. Las Colinas Blvd. Suite 1000 Irving, TX 75039	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? <i>Check all that apply:</i>
		<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.46 NMP of Louisiana Facility 220 E. Las Colinas Blvd. Suite 1000 Irving, TX 75039	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)	0 How are records kept? <i>Check all that apply:</i>
		<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
15.47 NMP of Texas Facility 220 E. Las Colinas Blvd. Suite 1000 Irving, TX 75039	Healthcare Services Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our	0 How are records kept? <i>Check all that apply:</i>

Debtor **Adeptus Health LLC**

Case number (if known)

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.48 Pearland-Broadway Facility 2906 Broadway Street Pearland, TX 77581	<p>Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)</p> <hr/> <p>Healthcare Services</p> <hr/> <p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years) Healthcare Services</p>	<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper <hr/> <p>0</p> <hr/> <p>How are records kept? <i>Check all that apply:</i></p>
15.49 Pflugerville-FM 1825 Facility 15100 FM1825 Pflugerville, TX 78660	<p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)</p>	<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper <hr/> <p>0</p> <hr/> <p>How are records kept? <i>Check all that apply:</i></p>
15.50 San Antonio-Potranco Facility 738 W. Loop 1604 N. San Antonio, TX 78251	<p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)</p>	<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper <hr/> <p>0</p> <hr/> <p>How are records kept? <i>Check all that apply:</i></p>
15.51 Northeast San Antonio Facility 738 W. Loop 1604 N. San Antonio, TX 78251	<p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)</p>	<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper <hr/> <p>0</p> <hr/> <p>How are records kept? <i>Check all that apply:</i></p>
15.52 South Shore Harbour-relo Facility	<p>Healthcare Services</p>	<input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper <hr/> <p>0</p>

Debtor **Adeptus Health LLC**

Case number (if known)

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
	3016 Marina Bay Drive League City, TX 77573	<p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)</p>	<p>How are records kept? <i>Check all that apply:</i></p> <p><input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper</p>
15.53	League City-Victory Lakes Facility 1535 W FM 646 League City, TX 77573	<p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)</p>	<p>0</p> <p>How are records kept? <i>Check all that apply:</i></p> <p><input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper</p>
15.54	San Antonio-Stone Oak Facility 23511 Hardy Oak Blvd. San Antonio, TX 78258	<p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)</p>	<p>0</p> <p>How are records kept? <i>Check all that apply:</i></p> <p><input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper</p>
15.55	First Texas Hospital-CyFair Facility 9922 Louetta Road Houston, TX 77070	<p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)</p>	<p>0</p> <p>How are records kept? <i>Check all that apply:</i></p> <p><input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper</p>
15.56	Spring-Gleannloch Facility 8929 Spring Cypress Road Spring, TX 77379	<p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Most records will be stored electronically via our Tsystems and Evident systems which have been archived via AWS (payments are month to month); any relevant physical information has been stored with Iron Mountain (prepaid for 10 years)</p>	<p>0</p> <p>How are records kept? <i>Check all that apply:</i></p> <p><input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper</p>

Debtor **Adeptus Health LLC**

Case number (if known) _____

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

FCER 401k Plan

Employer identification number of the plan

EIN: **113798239**

Has the plan been terminated?

- ☐ No
☒ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-7087	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	11/3/2020	\$0.00
18.2.	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-7155	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	11/03/2020	\$0.00
18.3.	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-3744	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	11/03/2020	\$0.00
18.4.	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-8453	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	11/03/2020	\$0.00

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.5.	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-2135	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	11/03/2020	\$0.00
18.6.	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-5507	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	11/03/2020	\$0.00
18.7.	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-0385	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	11/03/2020	\$0.00
18.8.	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-3463	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	11/03/2020	\$0.00
18.9.	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-0663	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	11/03/2020	\$0.00
18.10	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-0692	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	11/03/2020	\$0.00
18.11	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-6971	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	11/03/2020	\$0.00
18.12	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-5470	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	11/03/2020	\$0.00
18.13	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-5829	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other___	11/03/2020	\$0.00

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.14	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-4030	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	11/03/2020	\$0.00
18.15	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-6122	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	11/03/2020	\$0.00
18.16	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-7113	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	11/03/2020	\$0.00
18.17	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-7113	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	020/7/2020	\$0.00
18.18	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-7168	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.19	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-7184	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.20	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-7197	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.21	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-3728	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.22	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-3656	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.23	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-3387	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.24	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-8466	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.25	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-9581	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.26	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-9594	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.27	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-5452	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.28	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-5170	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.29	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-5497	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.30	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-5510	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.31	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-8387	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.32	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-3489	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.33	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-6968	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.34	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-7207	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.35	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-3643	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.36	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-3643	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.37	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-0173	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.38	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-3358	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.39	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-3361	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.40	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-3374	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.41	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-5864	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.42	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-5877	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.43	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-8440	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.44	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-5478	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.45	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-5481	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.46	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-9911	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.47	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-6823	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.48	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-6836	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.49	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-2341	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00

Debtor **Adeptus Health LLC**

Case number (if known) _____

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.50	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-2354	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.51	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-0650	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.52	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-6939	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.53	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-6942	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.54	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-5483	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.55	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-6424	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00
18.56	Bank of America Merrill Lynch 901 Main Street Dallas, TX 75201	XXXX-4056	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	02/07/2020	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	--	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor **Adeptus Health LLC**

Case number (if known)

☐ None**Facility name and address**

Richardson Warehouse
850 N. Dorothy Drive
Suite 510
Richardson, TX 75081

Names of anyone with access to it

N/A

Description of the contents

2 x Mindray vital signs monitors; estimated value is approximately \$6,000

Do you still have it?

☐ No
☒ Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No.
☐ Yes. Provide details below.

Case title
Case number

Court or agency name and address

Nature of the case**Status of case****23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

☒ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known**Date of notice****24. Has the debtor notified any governmental unit of any release of hazardous material?**

☒ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known**Date of notice****Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Debtor **Adeptus Health LLC**

Case number (if known) _____

Business name address		Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
			Dates business existed
25.1.	SRC Hospital Investment I, LLC 898 Pacific Coast Highway Suite 500 El Segundo, CA 90245	Joint Venture to build out emergency services and provide business support to operations. Adeptus sold its non-controlling interest on 7/7/2020	EIN: 82-3756399 From-To 1/28/2019 to 7/7/2020
25.2.	FTH DFW Partners LLC 220 E. Las Colinas Blvd Suite 1000 Irving, TX 75039	Joint Venture to build out emergency services and provide business support to operations. Adeptus purchased controlling interest on 1/28/2019; Entity not dissolved, formal operations ceased.	EIN: 47-3426036 From-To 5/11/2016 to Present
25.3.	AGH Phoenix LLC Dignity Health 185 Berry Street Suite 300, Lobby 2 San Francisco, CA 94107-1739	Joint Venture to build out emergency services and provide business support to operations. Adeptus sold its non-controlling interest on 6/8/2018	EIN: 47-1584330 From-To 10/22/2014 to 6/8/2018
25.4.	UCHealth Partners LLC University of Colorado Health 12401 E. 17th Avenue Mail Stop F-417, Suite 1034 Aurora, CO 80045	Joint Venture to build out emergency services and provide business support to operations. Adeptus sold its non-controlling interest on 12/1/2017	EIN: 47-3381640 From-To 4/21/2015 to 12/1/2017
25.5.	Ochsner Health Partners, LLC N/A	Joint Venture to build out emergency services and provide business support to operations. Dissolved Q4 2016	EIN: 81-1116852 From-To 9/1/2015 to Q4 2016
25.6.	Mount Carmel EHN, LLC N/A	Joint Venture to build out emergency services and provide business support to operations. Dissolved 12/19/2017	EIN: 36-4836987 From-To 2/1/2016 to 12/19/2017

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Date of service From-To
26a.1. PriceWaterhouseCoopers LLP 1000 Louisiana Street Suite 5800 Houston, TX 77002-5021	TBD

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Debtor **Adeptus Health LLC**

Case number (if known) _____

Name and address	Date of service From-To
26b.1. RSM US LLP 13155 Noel Road Suite 2200 Dallas, TX 75240	10/1/2017 to present

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Adeptus Attn: Christina Smith 220 E Las Colinas Blvd Suite 1000 Irving, TX 75039	
26c.2. Adeptus Attn: Karen Cope 220 E Las Colinas Blvd Suite 1000 Irving, TX 75039	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address
26d.1. Parmenter
26d.2. Brad Stevens CIT
26d.3. Greg Phillips GE
26d.4. Huntington Cheryl Carroll 2285 Franklin Road Suite 100 Bloomfield Hills, MI 48302
26d.5. SCG / Mitsubishi Attn: John Strabo 3100 Clarendon Blvd. Suite 200 Arlington, VA 22201
26d.6. Webster Attn: Mike Gusto
26d.7. Wells Fargo 5595 Trillium Blvd MAC N8544-010 Hoffman Estates, IL 60192
26d.8. TIAA William Wellford

Debtor **Adeptus Health LLC**

Case number (if known)

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Leanne Zumwalt	1111 Bayhill Drive San Bruno, CA 94066	Board Member	
Adam Grossman	780 Third Avenue 37th Floor New York, NY 10017	Board Member	
Bryan Sendrowski	780 Third Avenue 37th Floor New York, NY 10017	Board Member	
Steven C. Bussey	780 Third Avenue 37th Floor New York, NY 10017	President	

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Martinez, Ricardo	220 E Las Colinas Blvd Suite 1000 Irving, TX 75039	CEO & Stockholder of NMP	6/20/2016 - Sep-20
Engle, Harold	220 E Las Colinas Blvd Suite 1000 Irving, TX 75039	Interim CEO of CyFair	7/13/2016 to Sep-20
Greg Scott	Winfield Management 55 Madison Avenue 4th Floor Morristown, NJ 07960	Board Member	2017 to Feb-20

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses,

Debtor **Adeptus Health LLC**

Case number (if known) _____

loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient

Amount of money or description and value of property

Dates

Reason for providing the value

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 17, 2020****/s/ Steven C. Bussey**

Signature of individual signing on behalf of the debtor

Steven C. Bussey

Printed name

Position or relationship to debtor **Chief Executive Officer**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Northern District of Texas

In re **Adeptus Health LLC**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	7,500.00
Prior to the filing of this statement I have received	\$	7,500.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

December 18, 2020

Date

/s/ Louis R. Strubeck, Jr.

Louis R. Strubeck, Jr.

Signature of Attorney

Norton Rose Fulbright US LLP

2200 Ross Avenue

Suite 3600

Dallas, TX 75201-7932

(214) 855-8000 Fax: (214) 855-8200

louis.strubeck@nortonrosefulbright.com

Name of law firm

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

In Re:

Adeptus Health LLC

Debtor(s)

§
§
§
§
§
§
§

Case No.:

VERIFICATION OF MAILING LIST

The Debtor(s) certifies that the attached mailing list (*only one option may be selected per form*):

- ☒ is the first mail matrix in this case.
- ☐ adds entities not listed on previously filed mailing list(s).
- ☐ changes or corrects name(s) and address(es) on previously filed mailing list(s).
- ☐ deletes name(s) and address(es) on previously filed mailing list(s).

In accordance with N.D. TX L.B.R. 1007.2, the above named Debtor(s) hereby verifies that the attached list of creditors is true and correct.

Date: **December 18, 2020**

/s/ Steven C. Bussey

Steven C. Bussey/Chief Executive Officer
Signer/Title

Date: **December 18, 2020**

/s/ Louis R. Strubeck, Jr.

Signature of Attorney
Louis R. Strubeck, Jr.
Norton Rose Fulbright US LLP
2200 Ross Avenue
Suite 3600
Dallas, TX 75201-7932
(214) 855-8000 Fax: (214) 855-8200

32-0432716

Debtor's Social Security/Tax ID No.

Joint Debtor's Social Security/Tax ID No.

28606 Northwest Freeway Cypress TX, LLC
ATTN: E-WEI TAO
6360 98th St., Unit F7
Rego Park, NY 11374

ABACIST GROUP LLC
PO BOX 671162
DALLAS, TX 75367

ABBOTT LABORATORIES INC
100 ABBOT PARK RD
ABBOTT PARK, IL 60064

ABBOTT POINT OF CARE INC
100 ABBOTT PARK ROAD
ABBOTT PARK, IL 60064

ACIST MEDICAL SYSTEMS, INC.
7905 FULLER RD
EDEN PRAIRIE, MN 55344

AD VALOREM APPRAISALS INC
822 W PASADENA BLVD
DEER PARK, TX 77536-5749

ADAPTHEALTH LLC
220 W GERMANTOWN PIKE STE 250
PLYMOUTH MEETING, PA 19462

ADAPTIVE INSIGHTS LLC
PO BOX 399115
SAN FRANCISCO, CA 94139-9115

ADDISON PROF'L FINANCIAL SEARCH LLC
7076 SOLUTIONS CENTER
CHICAGO, IL 60677-7000

Adeptus Health Colorado Holdings LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

Adeptus Health Management LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

Adeptus Health Phoenix Holdings LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

Adeptus Health Ventures LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

ADMINISTRATIVE FIDUCIARY SERVICES INC
10777 NORTHWEST FRWY
STE 450
HOUSTON, TX 77092

ADPT Columbus Holdings LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

ADPT DFW Holdings LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

ADPT New Orleans Management LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

ADPT Operating, LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

ADPT-AZ RE Holdings LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

ADPT-CO RE Holdings LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

ADPT-Columbus RE Holdings LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

ADPT-Houston RE Holdings LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

AGARWAL, NEAL
11318 Williamsburg Drive
Houston, TX 77024

AIR PERFORMANCE SERVICE INC - DALLAS
10510 MARKISON RD
DALLAS, TX 75238

AIRGAS, INC.
PO BOX 734671
DALLAS, TX 75373-4671

AIRSCAN TECHNOLOGIES INC
PO BOX 1539
SPRINGTOWN, TX 76082

AJNH Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

ALDINE INDEPENDENT SCHOOL DISTRICT
PO BOX 203989
HOUSTON, TX 77216-3989

ALLIED ELECTRICAL CONTRACTORS OF HOUSTON
301 GREENS LANDING DR
HOUSTON, TX 77038

ALSCO INC
1340 East Berry St
Fort Worth, TX 76119

ALTUS GROUP US INC
640 W SOUTHLAKE BLVD
SOUTHLAKE, TX 76091

Alvarez & Marsal Healthcare Ind. Group
600 Madison Avenue, 7th Floor
New York, NY 10022

AMCOL SYSTEMS INC
PO BOX 21625
COLUMBIA, SC 29221

AMERICAN ASSOCIATION OF BIOANALYSTS
5615 KIRBY DR
STE 870
HOUSTON, TX 77005

AMERICAN EXPRESS
PO BOX 650448
DALLAS, TX 75265-0448

Ameriland Enterprises LLC
ATTN: Tam Nguyen
9021 W. LITTLE YORK RD
Houston, TX 77040

ANIKA THERAPEUTICS INC
32 WIGGINS AVE
BEDFORD, MA 01730

APPLIED MEDICAL DISTRIBUTION CORP
PO BOX 3511
CAROL STREAM, IL 60132-3511

APS BUILDING SERVICES INC
ATTN: AIR PERFORMANCE SERVICE OF HOUSTON
11050 W LITTLE YORK RD BLDG P
HOUSTON, TX 77041

ARCH SPECIALTY INSURANCE COMPANY
300 PLAZA THREE, 3RD FLOOR
JERSEY CITY, NJ 07311-1107

ARIZONA DEPARTMENT OF REVENUE
PO BOX 29085
PHOENIX, AZ 85038-9085

ARTERIOCYTE MEDICAL SYSTEMS INC
ATTN: ISTO BIOLOGICS
45 SOUTH ST, STE 3C
HOPKINTON, MA 01748

ARTHREX, INC
PO BOX 403511
ATLANTA, GA 30384-3511

AT&T
PO BOX 105068
Atlanta, GA 30348-5068

ATASCOCITA EAGLE NEST LLC
C/O CASCADE MANAGEMENT
10333 RICHMOND AVE STE 150
HOUSTON, TX 77042

ATMOS ENERGY
PO BOX 790311
ST. LOUIS, MO 63179-0311

AXION HEALTH, INC
11001 W 120TH AVE STE 315
BROOMFIELD, CO 80021

BAKER TILLY VIRCHOW KRAUSE LLP
PO BOX 7398
MADISON, WI 53707

BANK DIRECT CAPITAL FINANCE
PO BOX 660448
DALLAS, TX 75266-0448

BAXTER HEALTHCARE CORPORATION
ONE BAXTER PARKWAY
DEERFIELD, IL 60015

BEACONMEDAES LLC
1059 PARAGON WAY
ROCK HILL, SC 29730

BECKMAN COULTER, INC
ATTN: DEPT. CH10164
250 South Craemer Blvd.
Brea, CA 92821

BELLA DESIGN GROUP, LLC
709 109TH STREET
ARLINGTON, TX 76011

BEXAR COUNTY TAX ASSESSOR-COLLECTOR
PO BOX 2903
SAN ANTONIO, TX 78299-2903

BLACKWELL BLACKBURN HERRING & SINGER
7557 RAMBLER ROAD
SUITE 1450
DALLAS, TX 75231

BMC GROUP VDR LLC
PO BOX 748225
LOS ANGELES, CA 90070

BOBBY J LUNA
4330 HALL PARK DR
SAN ANTONIO, TX 78218

BOSTON SCIENTIFIC CORPORATION
PO BOX 951653
DALLAS, TX 75395-1653

BOUND TREE MEDICAL LLC
PO BOX 8023
DUBLIN, OH 43016-2023

BOWERS, ARANYANEE
12228 S. Shadow Cove Drive
Houston, TX 77082

BOX, INC
900 JEFFERSON AVENUE
REDWOOD CITY, CA 94063

BRAZORIA CO MUD #17
PO BOX 1368
FRIENDSWOOD, TX 77549-1368

Briar Forest-Eldridge Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

BRIDGEPOSE DIGITAL LLC
3341 REGENT BLVD
STE 130-292
IRVING, TX 75063

BROUGHTON PHARMACEUTICALS, LLC
413 WEST MONTGMERY CROSSROAD
SUITE 204
SAVANNAH, GA 31406

BUXTON COMPANY
2651 S POLARIS DR
FORT WORTH, TX 76137

BUXTON COMPANY
2651 S POLARIS DR
FORT WORTH, TX 76137

CALDERON, DARRELL
4402 Mountwood Street
Houston, TX 77018

CALEY REYNOLDS TRANSPARENT MED IMAGING
31215 DORADO CIRCLE
TOMBALL, TX 77375

Capital Asset Resources
ATTN: Sparkle Valencia
516 Silicon Drive
Southlake, TX 76092

CAPITOL SERVICES INC
PO BOX 1831
AUSTIN, TX 78767

Cardinal Health Pharmacy Services LLC
1330 Enclave Pkwy.
Houston, TX 77077

CAREFUSION 303 INC CAREFUSION SOLUTIONS
25082 NETWORK PLACE
Chicago, IL 60673-1250

CARROLLTON-FARMERS BRANCH ISD
PO BOX 208227
DALLAS, TX 75320-8227

Cascade Capital, LLC
1670 Corporate Circle
Suite 202
Petaluma, CA 94954

CASLER FOLIAGE
PO BOX 223822
DALLAS, TX 75222

CBRE, Inc.
ATTN: Daniel D. Taylor
8080 Park Ln, Ste 800
Dallas, TX 75231

CCH INCORPORATED
2700 LAKE COOK ROAD
RIVERWOODS, IL 60015

CCMR 18 LLC, RLC JENNA 18 LLC, & RLC JUS
Attn: Barry J. Haskell
362 Kingsland Avenue
Brooklyn, NY 11222

Cedar Hill Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

Center Street DP Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

CENTERPOINT ENERGY
PO BOX 4981
HOUSTON, TX 77210-4981

CENTIGRADE SERVICES INC
11411 BEDFORD ST
HOUSTON, TX 77031-2105

CENTRAL STATES LOGISTICS INC
ATTN: DILIGENT DELIVERY SYSTEMS
9200 DERRINGTON RD STE 100
HOUSTON, TX 77064

CENTURION SERVICE ACQUISITIONS, INC
3325 MOUNT PROSPECT ROAD
FRANKLIN PARK, IL 60131

CENTURYLINK
P.O BOX 52187
PHOENIX, AZ 85072-2187

CEQUEL CORPORATION
Attn: SUDDENLINK COMMUNICATIONS
PO BOX 660365
DALLAS, TX 75266-0365

CH INTERMEDIATE HOLDINGS LLC COREPOINT
100 HIGH STREET
SUITE 1560
BOSTON, MA 02110

CHAMBER OF COMMERCE OF THE USA
1615 H STREET NW
WASHINGTON, DC 20062

CHAMPION MEDICAL TECHNOLOGIES INC
765 ELA RD SUITE 200
LAKE ZURICH, IL 60047

CHANDLER SIGNS HOLDINGS LLC
14201 SOVEREIGN ROAD #101
FORT WORTH, TX 76155

CHANGE HEALTHCARE LLC
5995 WINDWARD PARKWAY
ALPHARETTA, GA 30005

CHIEN, LAWRENCE
6708 Glenhurst Drive
Dallas, TX 75254

CHR & ASSOCIATES INC
13114 MOSELLE FOREST
HELOTES, TX 78023-3768

Cinco Ranch Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

CINCO SOUTHWEST MUD #2
ATTN: MIKE ARTERBURN, TAX A/C
11500 NW FREEWAY STE 150
HOUSTON, TX 77092

CIT Finance LLC
Attn: Brad Stevens
10201 Centurion Parkway N.
Jacksonville, FL 32256

CITY OF ALVIN
216 WEST SEALY
ALVIN, TX 77511

CITY OF ARLINGTON
ATTN: ALARM OFFICE
PO BOX 1065
ARLINGTON, TX 76004-1065

CITY OF AUSTIN
PO BOX 2267
AUSTIN, TX 78783-2267

CITY OF CEDAR HILL
285 UPTOWN BLVD.
CEDAR HILL, TX 75104

CITY OF COLUMBUS
90 W. BROAD STREET
COLUMBUS, OH 43215

CITY OF DEER PARK
710 EAST SAN AUGUSTINE
DEER PARK, TX 77536

CITY OF DEER PARK TAX OFFICE
P.O. BOX 700
DEER PARK, TX 77536

CITY OF DESOTO
PO BOX 550
DESOTO, TX 75123-0550

CITY OF FRIENDSWOOD - UTILITY
910 S FRIENDWOOD DRIVE
FRIENDSWOOD, TX 77546

CITY OF GARLAND
PO BOX 462010
GARLAND, TX 75046-2010

CITY OF GRAND PRAIRIE
317 W COLLEGE ST
GRAND PRAIRIE, TX 75050

CITY OF HOUSTON - ARA
PO BOX 203887
HOUSTON, TX 77246-3887

CITY OF LEAGUE CITY
300 WEST WALKER
LEAGUE CITY, TX 77573

CITY OF MANSFIELD
1200 E. BROAD STREET
MANSFIELD, TX 76063

CITY OF MCKINNEY
PO BOX 8000
MCKINNEY, TX 75070-8000

CITY OF NORTH RICHLAND HILLS
PO BOX 820609
NORTH RICHLAND HILLS, TX 76182

CITY OF PEARLAND
PO BOX 2068
PEARLAND, TX 77588

CITY OF PFLUGERVILLE
100 E. MAIN STREET SUITE 100
PFLUGERVILLE, TX 78660

CITY OF ROSENBERG
PO BOX 631
ROSENBERG, TX 77471-0631

CITY OF ROWLETT
PO BOX 660054
DALLAS, TX 75266-0054

CITY OF SAN ANTONIO
PO BOX 839966
SAN ANTONIO, TX 78283-3966

CITY PUBLIC SERVICE BOARD
PO BOX 2678
SAN ANTONIO, TX 78289

CJC 18-2 LLC / MTL Jamie LLC
MTL Jennifer LLC; Attn: Barry J. Haskell
362 Kingsland Avenue
Brooklyn, NY 11222

CLARIVATE ANALYTICS (COMPUMARK) INC
30 THOMSON PLACE
BOSTON, MA 02210

CLEAR CREEK ISD TAX OFFICE
PO BOX 799
League City, TX 77574

CLIA LABORATORY PROGRAM
PO BOX 3056
PORTLAND, OR 97208-3056

CLINICAL PATHOLOGY, INC
PO BOX 141669
AUSTIN, TX 78714

CMBC INVESTMENTS LLC BUSINESS ESSENTIALS
PO BOX 37
GRAPEVINE, TX 76099

COGENT COMMUNICATIONS, INC
PO BOX 791087
BALTIMORE, MD 21279-1087

COLA, INC
9881 BROKEN LAND PKWY
SUITE 200
COLUMBIA, MD 21046

COLLEGE OF AMERICAN PATHOLOGISTS
325 WAUKEGAN RD
NORTHFIELD, IL 60093

COLLIN COUNTY TAX ASSESSOR COLLECTOR
920 East Park Blvd. Suite 100
COLLIN COUNTY
Plano, TX 75074

COLORMARK LC
1840 HUTTON DRIVE
BLDG 208
CARROLLTON, TX 75006

COLUMBIA GAS OF OHIO
PO BOX 742510
CINCINNATI, OH 45274-2510

COMCAST
P.O. BOX 37601
Philadelphia, PA 19101-0601

COMMUNICATIONS UNLIMITED, LLP
PO BOX 551501
DALLAS, TX 75355-1501

COMMUNITY SELF STORAGE LP
4155 LOUETTA ROAD
SPRING, TX 77388

COMPASS GROUP USA INC
ATTN: CANTEEN VENDING SERVICES
2400 YORKMONT RD
CHARLOTTE, NC 28217

COMPSYCH CORPORATION
455 N CITYFRONT PLAZA DR
NBC TOWER 13TH FLOOR
CHICAGO, IL 60611-5322

COMPUTER PROGRAMS AND SYSTEMS INC
TRUBRIDGE LLC / EVIDENT LLC
6600 WALL ST
Mobile, AL 36695

Conroe Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

CONSOLIDATED COMMUNICATIONS
PO BOX 66523
SAINT LOUIS, MO 63166-6523

CONSOLIDATED WASTE LLC
ATTN: LIQUID WASTE SOLUTIONS
650 W BOUGH LN STE 150-204
HOUSTON, TX 77024-4399

CONSTELLATION NEWENERGY INC
10 S DEARBORN ST - 51ST FLOOR
CHICAGO, IL 60603

CONTRACTSAFE LLC
23823 MALIBU RD STE 50-197
MALIBU, CA 90265

CONVERGINT TECHNOLOGIES, LLC
2304 TARPLEY ROAD. SUITE 124
CARROLLTON, TX 75006

COOK GROUP INCORPORATED- COOK MEDICAL
PO BOX 1608
BLOOMINGTON, IN 47402

CORDELL LEE MANCE NAUTICAL CLEAN
2709 S PINE HILL DR
PEARLAND, TX 77581

CorepointHealth LLC dba Lyniate
3010 Gaylord Pkwy.
Frisco, TX 75034

CORIN USA LTD
12750 Citrus Park Lane
Suite 120
Tampa, FL 33625

CORNERSTONE ONDEMAND INC
ATTN: DEPT CH19590
1601 Cloverfield Blvd. Suite 600S
Santa Monica, CA 90404

CORNERSTONES M.U.D
11111 KATY FREEWAY #725
HOUSTON, TX 77079-2197

CORPORATION SERVICE COMPANY
2711 CENTERVILLE ROAD
WILMINGTON, DE 19808

COSERV
PO BOX 650785
DALLAS, TX 75265-0785

Creekside Forest Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

CRESA GLOBAL INC
150 N UPPER WAKER DRIVE
SUITE 2900
CHIGACO, IL 60606

Cresa Global Inc.
5005 Lyndon B. Johnson Frwy
Suite 800
Dallas, TX 75244

CRESTING WAVE LLC
266 HARRISTOWN RD STE 208
GLEN ROCK, NJ 07452

CT CORPORATION
PO BOX 4349
CAROL STREAM, IL 60197-4349

CT SERVICE 24-7
21622 RIO COMAL
SAN ANTONIO, TX 78259

Culebra-Tezel Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

CUMMINS SOUTHERN PLAINS LLC
PO BOX 90027
ARLINGTON, TX 76004-3027

Custer Bridges Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

CUSTOMIZED SECURITY
PO BOX 3105
MCKINNEY, TX 75070

CY-FAIR BONE & JOINT LLP
11800 FM 1960 W
HOUSTON, TX 77065

Cypress Village, Cypress TX, LLC
C/O US Property Trust; ATTN: Matt Kaiser
10250 Constellation Blvd.
Suite 2850
Los Angeles, CA 90067

CYPRESS-FAIRBANKS ISD
10494 JONES RD.
SUITE 106
Houston, TX 77065

DALLAS CNTY UTILITY & RECLAMATION DIST.
PO BOX 140035
IRVING, TX 75014

DALLAS COUNTY HOSPITAL DISTRICT
d/b/a Parkland Health and Hospital Sys
5201 Harry Hines Blvd
Dallas, TX 75235

DALLAS COUNTY TAX OFFICE
JOHN R. AMES, CTA
PO BOX 139066
Dallas, TX 75313-9066

DAVOL INC - DIVISION OF CRBARD
PO BOX 75767
CHARLOTTE, NC 28275

De Lage Landen Financial Services, Inc.
Attn: Alan I. Cohen
1111 Old Eagle School Road
Wayne, PA 19087

Deerfield Partners L.P.
Attn Deerfield Private Design Fund IV LP
780 Third Avenue
37th Floor
New York, NY 10017

DELL FINANCIAL SERVICES, LLC
ATTN: PAYMENT PROCESSING
PO BOX 6549
CAROL STREAM, IL 60197-6549

DELL MARKETING, LP
C/O DELL USA LP
PO BOX 676021
DALLAS, TX 75267-6021

DELTA DENTAL INSURANCE CO
PO BOX 7564
SAN FRANCISCO, CA 94120-7564

DEMBNY PHARMACY CONSULTANTS LLC
8301 LAKEVIEW PKWY
SUITE 111-178
ROWLETT, TX 75088

DENTON CNTY TAX ASSESSOR
PO BOX 90223
Denton, TX 76202

Desoto Beltline Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

DILLON DWAN PALMER
1305 SPRINGVIEW DR
ALLEN, TX 75002

DINER, BARRY
4407 Meyerwood Drive
Houston, TX 77096

DIRECT DIFFERENCE INC
PO BOX 3709
RANCHO SANTE FE, CA 92067

DIRECTV
Buiness Service Center
P.O. Box 410347
Charlotte, NC 28241

Diversified Medical Records Services
JW LLC
1333 SHORE DISTRICT DR, APT. 1306
Austin, TX 78741

DLA PIPER LLP US
P.O. BOX 64029
BALTIMORE, MD 21264-4029

DOCUSIGN INC
ATTN: DEPT 3428
PO BOX 123428
DALLAS, TX 75312-3428

DOOR SERVICES CORP - TX ACCESS CONTROLS
6000 GARDENDALE DR.
HOUSTON, TX 77092

DORNOCH MEDICAL SYSTEMS INC
PO BOX 646
MISSION, KS 66201

DOXIMITY INC
500 3RD ST, STE 510
SAN FRANCISCO, CA 94107

DVM INSURANCE AGENCY NATIONWIDE
ATTN: FILE 50939
1800 East Imperial Hwy, Suite 145
BREA, CA 92821

DYNAMIC INFUSION THERAPY INC
5156 VILLAGE CREEK DR STE 102
PLANO, TX 75093

E4H - ENVIRONMENTS FOR HEALTH LLC
1250 COPELAND RD STE 500
ARLINGTON, TX 76011

Eagles Nest Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

East Pflugerville Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

ECC Management LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

ECOCLEAN LLC
19402 CHESTNUTFIELD
HOUSTON, TX 77094

EDVIN PEREZ EDWIN LANDSCAPING
7534 S SANTA FE DR
HOUSTON, TX 77061

ELITE BIOMEDICAL SERVICES INC
37 WOODBRANCH DR
NEW CANEY, TX 77357

ELSEVIER INC.
PO BOX 7247-6683
PHILADELPHIA, PA 19170

EMERGENCY DEPARTMENT PRACTICE MANAGEMENT
8400 WESTPARK DR 2ND FLOOR
MCLEAN, VA 22102

EN-TOUCH SYSTEMS, INC AND SUBSIDIARIES
11011 RICHMOND AVE
SUITE 400
HOUSTON, TX 77042

ENAVATE MANAGED SERVICES INC
7887 E BELLEVIEW AVE STE 600
ENGLEWOOD, CO 80111

ENCISION INC
PO BOX 5935
DRAWER 2477
TROY, MI 48007-5935

ENTERGY
PO BOX 8104
BATON ROUGE, LA 70891-8104

EPIQ SYSTEMS ACQUISITIONS INC
DBA EPIQ BANKRUPTCY SOLUTIONS LLC
PO Box 1202355, DEPT 0255
DALLAS, TX 75312-0255

ER EXPRESS, LLC
5665 NEW NORTHSIDE DRIVE
SUITE 540
Atlanta, GA 30328

ESOLUTIONS INC
PO BOX 414378
WS #165
KANSAS CITY, MO 64141

ETHICON INC
C/O JOHNSON & JOHNSON
PO BOX 406663
ATLANTA, GA 30384

ETHICUS HOSPITAL DFW LLC
ATTN: SAGECREST HOSP'L OF CARROLLTON
1401 E TRINITY MILLS RD
CARROLLTON, TX 75007

ETS ENVIRONMENTAL TESTING SERVICES INC
10908 METRONOME DR
HOUSTON, TX 77043

EWT HOLDINGS III CORP
Attn: EVOQUA WATER TECHNOLOGIES LLC
181 THORN HILL RD
WARRENDALE, PA 15086

EXPONENT TECHNOLOGIES INC
4970 LANDMARK PL
DALLAS, TX 75254

FAULKEY GULLY MUD
P.O. BOX 12169
SPRING, TX 77391

FCER Management, LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

FEDEX
PO BOX 371461
PITTSBURGH, PA 15250-7461

FIDELITY SECURITY INS. / EYEMED
ATTN: FSL/EYEMED PREMIUMS
PO BOX 632530
CINCINNATI, OH 45263-2530

FIRE SAFE PROTECTION SERVICES LP
1815 SHERWOOD FOREST
HOUSTON, TX 77043

First Choice ER LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

FIRST NATIONAL BANK
PO BOX 94905
WICHITA FALLS, TX 76308

First National Bank Wichita Falls
Attn: Stephen Farmer
P.O. Box 94905
Wichita Falls, TX 76308

First Prairie LLC
Attn: Jason Keen
1211 S. White Chapel Blvd.
Southlake, TX 76092

First Texas Hospital Carrollton LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

First Texas Hospital CY-Fair LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

FISHER SCIENTIFIC COMPANY LLC
300 INDUSTRY DRIVE
PITTSBURGH, PA 15275

FIUSA TEXAS LLC
C/o Holland & Knight LLP
701 Brickell Avenue, Suite 3300
Miami, FL 33131

FM Crossing Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

FM2181-IH 35 LOT 3 LTD
c/o Weitzman; ATTN: Matt Luedtke
3102 MAPLE AVENUE, SUITE 500
Dallas, TX 75201

FORT BEND COUNTY MUD #167
ATTN: MIKE ARTERBURN, TAX A/C
11500 NW FREEWAY STE 150
HOUSTON, TX 77092

FORT BEND COUNTY TAX ASSESSOR-COLLECTOR
ATTN: PAYMENT PROCESSING DEPT
P.O. BOX 1028
SUGARLAND, TX 77487-1028

FORT WORTH WATER DEPT
PO BOX 870
FORT WORTH, TX 76101-0870

FRANKLIN COUNTY TREASURER
ATTN: CHERYL BROOKS SULLIVAN
373 S HIGH ST, 17TH FLOOR
CINCINNATI, OH 43215-6306

FRIENDSWOOD ISD & GCCDD
Tax-Assessor Collector
P. O. Box 31
Friendswood, TX 77549

Friendswood Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

Frisco DNT Eldorado Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

Frisco Preston Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

FRONTIER COMMUNICATIONS OF THE SOUTHWEST
401 MERRITT 7
NORWALK, CT 06851

FSED TEXAS LAKEVIEW PARKWAY LLC
C/O Deerfield Management; Attn: Bryan S.
780 Third Avenue, 37th floor
New York, NY 10017

FTH Houston Partners LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

GALVESTON COUNTY TAX OFFICE
Tax Assessor Collector
722 MOODY
Galveston, TX 77550

GARLAND INDEPENDENT SCHOOL DISTRICT
PO BOX 461407
GARLAND, TX 75046-1407

Garland Shiloh Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

GE HFS, LLC
Attn: Richard D. Straka
9900 Innovation Drive, RP-2100
Wauwatosa, WI 53226

GENRG POWER SOLUTIONS
d/b/a GENERATORS OF HOUSTON
6106 MILWEE ST
HOUSTON, TX 77092

GF CAMPUS COMMONS LLC
FLT ACQUIPORT-CAMPUS LLC
2082 MICHELSON DR, 4th Floor
IRVINE, CA 92612

GH MECHANICAL AND SERVICES LLC
1615 POYDRAS ST STE 2120
NEW ORLEANS, LA 70112

GI SUPPLY INC
PO BOX 45730
BALTIMORE, MD 21297-5730

Gleannloch Farms Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

GOOD HONEST WORK PARTNERS LLC
5600 W LOVERS LANE STE 116-193
DALLAS, TX 75209

GRANDE COMMUNICATIONS
PO BOX 679367
Dallas, TX 75267-9367

GRAPEVINE-COLLEYVILLE TAX OFFICE
PO BOX 547
GRAPEVINE, TX 76099-0547

GREAT AM. GROUP ADVISORY & VAL. SERVICES
21255 BURBANK BLVD STE 400
WOODLAND HILLS, CA 91367

GREATAMERICA FINANCIAL SERVICES CORP.
PO BOX 660831
DALLAS, TX 75266-0831

GRIFOLS DIAGNOSTIC SOLUTIONS INC
ATTN: B OF A LOCKBOX SERVICES
PO BOX 59705
LOS ANGELES, CA 90074-9705

GUARANTEED RETURNS
100 COLIN DRIVE
HOLBROOK, NY 11741

GULF COAST REGIONAL BLOOD CENTER
1400 LA CONCHA
HOUSTON, TX 77054

HANIF MEDICAL SERVICES PLLC
15710 AZALEA SHORES DR
HOUSTON, TX 77070

Happy State Bank & Trust Co.
f/k/a/ Centennial Bank; Attn: S. Marcum
701 South Taylor Street
Amarillo, TX 79101

HARRIS CO IMPROV DIST 4
PO BOX 73109
HOUSTON, TX 77273

HARRIS COUNTY ALARM DETAIL
9418 JENSEN DR #A
HOUSTON, TX 77093

HARRIS COUNTY ANN HARRIS BENNETT
TAX ASSESSOR-COLLECTOR
PO BOX 3547
HOUSTON, TX 77253-3547

HARRIS COUNTY HOSPITAL DISTRICT LPPF
PO BOX 66769
HOUSTON, TX 77266

HARRIS COUNTY MUD #165 - TAX
11111 KATY FWY, STE #725
HOUSTON, TX 77079-2197

HARRIS COUNTY MUD #278
PO BOX 1368
FRIENDSWOOD, TX 77549-1368

HARRIS COUNTY MUD #342
PO BOX 9
SPRING, TX 77383

HARRIS COUNTY MUD #358 - TAX
11111 KATY FREEWAY
SUITE 725
HOUSTON, TX 77079

HARRIS COUNTY MUD #358 - UTILITY
PO BOX 684000
HOUSTON, TX 77268-4000

HARRIS COUNTY MUD #468
3200 SOUTHWEST FWY
STE 2600
HOUSTON, TX 77027-7537

HARRIS COUNTY MUD #468 - TAX
ATTN: ESTHER BUENTELLO FLORES, RTA
PO BOX 4545
HOUSTON, TX 77210-4545

HARRIS COUNTY WCID #155
11111 KATY FREEWAY
SUITE 725
HOUSTON, TX 77079

HARRIS COUNTY WCID 114
3401 LOUSIANA ST
SUITE 400
HOUSTON, TX 77002

HARRIS-MONTGOMERY COUNTIES MUD NO. 386
822 W PASADENA BLVD
DEER PARK, TX 77536-5749

Haslet Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

HD SUPPLY FACILITIES MAINTENANCE LTD
PO BOX 509058
SAN DIEGO, CA 92150-9058

Helotes Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

HENRY SCHEIN, INC
DEPT CH 10241
Palatine, IL 60055-0241

Hickory Creek Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

Highland Village Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

HILL AND KNOWLTON STRATEGIES, LLC.
PO BOX 101264
Atlanta, GA 30392-1264

HILL-ROM COMPANY, INC
PO BOX 643592
PITTSBURGH, PA 15264-3592

Hilliard Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

Hitachi Capital America Corp.
Hitachi Capital America Vendor Services
7808 CreekrIDGE Circle
Minneapolis, MN 55439

HKM California Properties LLC
ATTN: Rob Whittey
9650 McCarran Blvd
Reno, NV 89523

HOMESITE INSURANCE COMPANY
PO BOX 912470
DENVER, CO 80291-2470

HOT SHOT FINALMILE LLC
PO BOX 33700
SAN ANTONIO, TX 78265

Houston 9520 Jones Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

HSM CROSSING LLC
ATTN: Eunice Doehring
5151 Belt Line Rd., Suite 900
Dallas, TX 75254

HUMBLE ISD
ATTN: JANICE P HIMPELE
PO BOX 4020
HOUSTON, TX 77210

Huntington Technology Finance, Inc.
Attn: Cheryl Carrol & Peter Leto
2285 Franklin Road, Suite 100
Bloomfield Hills, MI 48302

HURT, JACKNOW, MOORE ET AL
ATTN: CLINICAL PATHOLOGY ASSOCIATES
3445 EXECUTIVE CENTER DR
AUSTIN, TX 78731

HVAC MECHANICAL SERVICES OF TEXAS, LTD
PO BOX 4591
HOUSTON, TX 77210-4591

HYBRENT INC
626C ADMIRAL DR #231
ANNAPOLIS, MD 21401

ICARE USA, INC
P.O. BOX 2325
KANSAS CITY, KS 66110-2325

ICONTRACTS INC
1011 ROUTE 22 WEST
SUITE 104
BRIDGEWATER, NJ 08807

INFINITE EQUITY INC
3663 FOLSOM ST
SAN FRANCISCO, CA 94110

INITIAL BUILDING MAINTENANCE SRVC INC
ATTN: INTERNATIONAL BUILDING
PO BOX 59975
DALLAS, TX 75229

INTEGRATED SUPPORT SOLUTIONS INC (ISSI)
5950 CANOGA AVE
STE 420
Woodland Hills, CA 91367

INTERNAL REVENUE SERVICE
4050 ALPHA ROAD
RM 170
FARMERS BRANCH, TX 75244

Iron Mountain
ATTN: Michael Zurcher
12121 N. Stemmons Freeway
Dallas, TX 75234

IRVING ISD
2621 W AIRPORT FWY
PO BOX 152021
IRVING, TX 75015-2021

JF FILTRATION INC
ATTN: JOE W FLY COMPANY
4820 MEMPHIS ST
DALLAS, TX 75207

JMEG LLC
13995 DIPLOMAT DR #400
FARMERS BRANCH, TX 75234

JOHN REED CLAY JR
Attn: CRESTLINE SOLUTIONS
2505 BLUFFVIEW DRIVE
AUSTIN, TX 78704

JOINT COMMISSION
PO BOX 734505
CHICAGO, IL 60673-4505

JUSTIFACTS CREDENTIAL VERIFICATION
5250 LOGAN FERRY RD
MURRYSVILLE, PA 15668

K&E Limited Partnership
c/o Highland Ventures; ATTN: DAVID NALL
2500 Lehigh Avenue
Glenview, IL 60026

KAPIOS LLC KAPIOS HEALTH
2865 N REYNOLDS RD STE 220D
TOLEDO, OH 43615

Katten Muchin Rosenman LLP
ATTN: Mark D. Wood
ATTN: Kristopher J. Ring
525 West Monroe Street
Chicago, IL 60661-3693

Katy ER Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

KENDREW INVESTMENTS LLC
3595 INLAND EMPIRE BLVD STE 1200
ONTARIO, CA 91764

KEVIN RAY MOORE TEXAS LANDSCAPE SERVICES
4540 SEVENTEEN LAKES CT
ROANOKE, TX 76262

Key Equipment Finance
ATTN: Shannon Gettman
11030 Circle Point Road, 2nd Floor
Westminster, CO 80020

KEYBANK NATIONAL ASSOCIATION
PO BOX 74713
CLEVELAND, OH 44194

Kingwood Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

KIRKLAND & ELLIS LLP
300 N LASALLE DR
CHICAGO, IL 60654

KLEIN ISD
7200 SPRING CYPRESS ROAD
KLEIN, TX 77379

Kuykendahl Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

LA PORTE ISD
Attn: GCCISD TAX SERVICES
PO BOX 2805
BAYTOWN, TX 77522

La Porte Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

LABORATORY CORPORATION OF AMERICA
PO BOX 12140
BURLINGTON, NC 27216

Lake Highlands Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

Lakewood Forest Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

LESLIE ALLEN - THINKHIRE
27611 NEW FRONT ST
HILLIARD, FL 32046

LETSOS COMPANY
8435 WESTGLEN DR
HOUSTON, TX 77063

LEVEL (3) COMMUNICATIONS
PO BOX 910182
DENVER, CO 80291-0182

Lewisville Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

LGC PLUMBING, INC
2612 NATIONAL CIRCLE #100
GARLAND, TX 75041

LIFELINE PHARMACEUTICALS, LLC
1301 NW 84TH AVENUE, SUITE # 101
MIAMI, FL 33126

LINCOLN FINANCIAL LIFE INSURANCE COMPANY
PO BOX 0821
CAROL STREAM, IL 60132-0821

Little Elm FM 423 Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

Little Road Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

LONGACRE, STEVEN
1177 CR 1750
Chico, TX 76431

LUCERNEX, INC
PO BOX 123636
DEPT 3636
DALLAS, TX 75312-3636

MACEO CARTER INVESTMENTS LLC
ATTN: STERLING STAFFING SOLUTIONS
PO BOX 823473
PHILADELPHIA, PA 19182-3473

MAGRO, FRANK
11 Ponds Side Drive
Fremont, OH 43420

MAILROOM FINANCE INC
ATTN: NEOFUNDS BY NEOPOST
PO BOX 30193
TAMPA, FL 33630-3193

MANATT, PHELPS & PHILLIPS LLP
2049 CENTURY PARK EAST, STE 1700
LOS ANGELES, CA 90067

MANN LAW FIRM PLLC
3104 EDLOE STREET
SUITE 201
HOUSTON, TX 77027

Mansfield Walnut Creek
Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

MARSHALL SHREDDING COMPANY
PO BOX 91139
SAN ANTONIO, TX 78209

MARWOOD GROUP ADVISORY LLC
733 3RD AVE, 11TH FLOOR
NEW YORK, NY 10017

Matlock Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

MBH Mesquite LLC
Attn: Mike Buscher
364 Wyatt Way NE
Bainbridge Island, WA 98110-1842

MC DEAN INC
1765 GREENSBORO STATION PL
TYSONS, VA 22102

MCKESSON MEDICAL-SURGICAL INC
9954 MAYLAND DRIVE
SUITE 4000
RICHMOND, VA 23233

McKinney 5000 El Dorado
Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

MEDCO MANUFACTURING LLC
8319 THORA RD #A1
SPRING, TX 77379

MEDGAS BY DESIGN LLC
24200 SOUTHWEST FREEWAY
STE 402-261
ROSENBERG, TX 77471

MEDI-DOSE INCORPORATED
ATTN: CUSTOMER #55 - 0440089
LOCK BOX 427
JAMISON, PA 18929-0427

Medical Center of Spring
Rayford Richards LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

MEDICAL RESOURCE MANAGEMENT INC
2916 S 132ND ST #123
OMAHA, NE 68144

MEDLINE INDUSTRIES, INC.
ONE MEDLINE PLACE
MUNDELEIN, IL 60060

MEDSHARPS LLC
PO BOX 91139
SAN ANTONIO, TX 78209

MEDTEK.NET INC
21600 OXNARD ST
STE 1750
WOODLAND HILLS, CA 91367

MEMORIAL HERMANN HOSPITAL SYSTEM
ATTN: PATIENT BUSINESS SERVICES
P.O. BOX 4370
HOUSTON, TX 77210-4370

MERRY X-RAY, INC.
4444 VIEWRIDGE AVE STE A
SAN DIEGO, CA 92123

MESQUITE TAX FUND
P.O. BOX 850267
MESQUITE, TX 75185-0267

Mesquite Town East Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

METHODIST HEALTHCARE SYSTEMS OF SAN ANT.
Attn: METHODIST HOSPITAL
PO BOX 406180
ATLANTA, GA 30384-6180

MGES, INC
8725 KNIGHT ROAD
HOUSTON, TX 77054

MICRO PRECISION CALIBRATION INC
22835 INDUSTRIAL PLACE
GRASS VALLEY, CA 95949

MINT MEDICAL PHYSICIAN STAFFING LP
10777 WESTHEIMER RD
SUITE 925
HOUSTON, TX 77042

MIRION TECHNOLOGIES (GDS) INC
PO BOX 101301
PASADENA, CA 91189-0005

Mitsubishi UFJ Lease & Finance (U.S.A.)
Attn: Daniel Canine and Chris Legris
12340 El Camino Real, Suite 350
San Diego, CA 92130

MONTGOMERY COUNTY MUD #60
PO BOX 7829
THE WOODLANDS, TX 77387-7829

MONTGOMERY COUNTY TAX
TAX ASSESSOR-COLLECTOR
400 N SAN JACINTO ST
Conroe, TX 77301-2823

Morrison Law Firm
120 E. Corsicana Street
Athens, TX 75751

MP2 Energy Texas LLC
21 Waterway Ave.
Suite 450
The Woodlands, TX 77380

MPT OPERATING PARTNERSHIP LP
1000 URBAN CENTER DRIVE, SUITE 501
BIRMINGHAM, AL 35242

MR BACKFLOR LLC
Attn: 1-A FIRE & DOMESTIC TESTING
117 S HAMPSHIRE
SAGINAW, TX 76179

MSDSOONLINE INC
350 N. ORLEANS
STE 950
CHICAGO, IL 60654

National Medical Professionals
Specialists LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

National Medical Professionals of
Arizona LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

National Medical Professionals of
Greater Texas LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

National Medical Professionals of
Houston LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

National Medical Professionals of
Texas LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

NAVEX GLOBAL, INC.
5500 MEADOWS RD STE 500
LAKE OSWEGO, OR 97035

North Dallas Tollway Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
Irving, TX 75039

NORTH MEDICAL SERVICES PLLC
3757 SUNSET BLVD
HOUSTON, TX 77005

Northwest Harris County
Medical Center LLC
220 East Las Colinas Boulevard
Suite 1000
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NOVA BIOMEDICAL CORPORATION
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NRH Medical Center LLC
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Nthrive Revenue Systems LLC
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OPTUM360 LLC
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ORANGE TREE EMPLOYMENT SCREENIG
7275 OHMS LANE
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PARAGON HOSPITALISTS LLC
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Parma Mandalay Tower, LLC
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PASATIEMPO APARTMENTS
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DALLAS, TX 75320-2056

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salesforce.com, inc.
ATTN: VP, Worldwide Sales Operations
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Summerwood Medical Center LLC
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VIRENCE HEALTH TECHNO
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WCB Medical Center LLC
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WEAVER JOHNSTON & NELSON PLLC
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KENSINGTON, CT 06037

Wells Fargo Equipment Finance, Inc.
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WELLS FARGO FINANCIAL LEASING INC / Well
WELLS FARGO VENDOR FINANCIAL SERVICES
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Wenzhold, LP
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WOLDERT RENTALS, LLC
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WOODLANDS JOINT POWER AGENCY
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YPS GROUP, INC
6001 W PARMER LN. SUITE 370
PMB 135
AUSTIN, TX 78727

**United States Bankruptcy Court
Northern District of Texas**

In re **Adeptus Health LLC**

Debtor(s)

Case No.

Chapter

7

**DECLARATION FOR ELECTRONIC FILING OF
BANKRUPTCY PETITION AND MASTER MAILING LIST (MATRIX)**

PART I: DECLARATION OF PETITIONER:

As an individual debtor in this case, or as the individual authorized to act on behalf of the corporation, partnership, or limited liability company seeking bankruptcy relief in this case, I hereby request relief as, or on behalf of, the debtor in accordance with the chapter of title 11, United States Code, specified in the petition to be filed electronically in this case. I have read the information provided in the petition and in the lists of creditors to be filed electronically in this case and ***I hereby declare under penalty of perjury*** that the information provided therein, as well as the social security information disclosed in this document, is true and correct. I understand that this Declaration is to be filed with the Bankruptcy Court within 7 days after the petition and lists of creditors have been filed electronically. I understand that a failure to file the signed original of this Declaration will result in the dismissal of my case.

- I hereby further declare under penalty of perjury that I have been authorized to file the petition and lists of creditors on behalf of the debtor in this case.

Date: **December 18, 2020**

/s/ Steven C. Bussey

Steven C. Bussey, Chief Executive
Officer

PART II: DECLARATION OF ATTORNEY:

I declare ***under penalty of perjury*** that: (1) I will give the debtor(s) a copy of all documents referenced by Part I herein which are filed with the United States Bankruptcy Court; and (2) I have informed the debtor(s), if an individual with primarily consumer debts, that he or she may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

Date: **December 18, 2020**

/s/ Louis R. Strubeck, Jr.

Louis R. Strubeck, Jr., Attorney for Debtor
2200 Ross Avenue
Suite 3600
Dallas, TX 75201-7932
(214) 855-8000 Fax:(214) 855-8200